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THE UNIVERSITY OF ALBERTA

TEACHER PERCEPTIONS OF THE ROLE OF THE SCHOOL PSYCHOLOGIST

BY

CHARLAINE ROSE FERSTAY-BIANCHINI

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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IN

SCHOOL PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1988

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ABSTRACT

School psychology, as a profession, developed with the introduction of compulsory education. The acceptance of mentally handicapped students into the Public Education System made it necessary to determine who would need special education. Psychologists using special assessment tools were key to determining who would qualify for which special program. Initially, school psychologists were gatekeepers to special education classes. As the focus of education shifted to the rights of the individual student with his strengths and weaknesses, the school psychologist was asked to be a specialist in the analysis of specific student learning problems, and remediation programs. The new emphasis led to requests for school psychologists to assess more students in regular classrooms to recommend individual teaching strategies to teachers. In addition, the prevalence of increased behavior problems manifested in classroom settings created a need for psychological expertise in working with teachers, parents, and students. This expansion of the role of the school psychologist has led to problems of determining priorities and of planning effective and efficient modes of service delivery. The issue of direct and indirect service delivery came to the forefront. With the increasing number of students with special needs being accommodated in the public school system, teachers were looking to school psychologists for different

kinds of help. The present study was undertaken in order to clarify the current needs of elementary school teachers with respect to the services of psychologists. The purpose of the study was two-fold 1) to gain current information as to elementary teachers' perceptions of the school psychologist's role, and 2) to increase understanding of the present educational needs of those teachers and their students as they could relate to a change in role. Principals, vice-principals, counsellors, special education teachers, and classroom teachers from early childhood to grade six classes were surveyed. There were 195 respondents representing 55 elementary schools. The questionnaire contained 15 questions, seven of which were rank-order choices. Another six questions involved a choice of one out of three or six possibilities. Data was analyzed separately for each professional group. Analysis of the responses reveals similarities and differences in their priorities for psychological services. Most teaching groups rank intellectual assessments of students as the number one psychological service most relevant to their needs, in terms of the traditional role of the psychologist. However, there is support from all groups surveyed for increased consultation activities such as team planning and group inservicing on the part of the school psychologist. Thus, a consultation model of service delivery for school psychological services is proposed.

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In all I do I think of you, dear mother. How often I recall your outstanding and silent courage. To your memory, Rose Anne Ferstay, I dedicate this work.

The highest reward for man's toil is not what he gets for it but what he becomes by it.

- John Ruskin -

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CHAPTER ONE

The Problem

Background to the Problem

> A school psychologist is a psychologist with training and experience in education. He uses his specialized knowledge of assessment, learning, and interpersonal relationships to assist school personnel to enrich the experience and growth of all children and to recognize and deal with exceptional children. (Cutts, 1955, p. 174, cited in Hynd, 1983)

Highlights from the American History of School Psychology. This definition of school psychologist came about as a result of The Thayer Conference on School Psychology held in West Point, New York in 1954. At this conference it was agreed that the goal of the school psychologist should be "to facilitate the best adjustment of the largest possible number of children" (Cutts, 1955, p. 174). Previous to that special conference, in 1945, Division 16 of the reorganized American Psychological Association was formed. Earlier, from 1936 to 1945 psychology was a divided profession with Associations for Applied and Consulting Psychology protesting the domination of The American Psychological Association by academicians (Mullen, 1981, p. 108). In

1948 California was the first state to institute state credentials for school psychologists.

The forerunner to these milestones in school psychology were the Child Guidance Clinics. Lightner Witmer established the first psychological clinic at the University of Pennsylvania in 1886 (Hynd, 1983). This clinic focused on the learning problems of mentally retarded children and children with physical defects and developmental delays. The first public school Bureau of Child Study was established in the Chicago schools in 1899. "The techniques of child study of that era were largely anthropometric" (Mullen, 1981, p. 107). Physical measures such as weight, bodily dimensions, lung capacity, and ossification of the wrist were used to predict mental abilities. In 1906 Daniel P. MacMillan, the second director of the Bureau of Child Study, introduced the use of some psychological tests of perception, memory, association, attention, imagination, and judgment. A sample from one of MacMillan's annual reports reads:

> The problems as diagnosed by his psychologists after individual examinations in 1929 were:
>
> | | |
> |---|---|
> | Mental Handicap | 54% |
> | Physical Handicap | 23% |
> | Behavior Problems | 6% |
> | Educational Adjustment | 14% |
> | Gifted and Miscellaneous | 4% (Mullen, 1981, p. 108) |

In 1923, Hutt coined the term "school psychologist" distinguishing school psychology from clinical psychology for the first time. Meanwhile, Alfred Binet's development of the intelligence test was having its impact on education and school psychology. His tests were being used to select those children who were considered to be

intellectually subnormal and thus incapable of being educated in regular classrooms.

Since school psychology is so closely tied to both education and psychology, important changes in either field potentially affect the discipline. Public Law 94-142, Education for All Handicapped Children Act, passed in 1975 was such an event. The law states that the right to the most appropriate education in the least restrictive environment possible is a fundamental right of all children (Nolen, 1983). This legislation directed the activities, and consequently the role of the school psychologist in specific ways. Directives and guidelines followed designed to regulate the process of intellectual assessments. These included time frames for psychologist responses to educational planning in the form of Individual Educational Plans (I.E.P.'s). Resultant developments in Special Education in terms of diversified programs such as Resource Room Programs, Learning Assistance Programs for learning disabled students, and Enrichment Programs for gifted students have determined to a great extent, the role of the school psychologist.

Highlights from the Canadian History of School Psychology. The history of school psychology in Canada began after World War II. The Province of Ontario lead in psychological services. A training program was begun at the University of Toronto. In Saskatchewan The Mental Health Movement was prominent in the 1950's. It is reported that psychological services were more advanced than in Alberta schools, but that there were more clinical psychologists employed than educational

psychologists (Janzen & Reynolds, 1978). As for Manitoba, the model for delivery of psychological services was a medical one. Children required medical referrals before psychological diagnosis and treatment could be obtained.

Focusing on Alberta, psychological services in the schools first began in the 1950's with attendance officers and visiting teachers who were individuals with teaching experience and additional training in educational psychology at the Master's or Diploma Level (Janzen & Reynolds, 1978). These teachers would make home contacts in order to solve school problems. A milestone in the history of school psychology in Alberta was the establishment of the Education Clinic at the Faculty of Education, University of Alberta, in 1962. This clinic is designed to train both counsellors and school psychologists in diagnosis and remediation of learning problems (Janzen & Reynolds, 1978). It was in the mid-sixties that both public and Catholic school systems set up Pupil Personnel Services. This department provided service in the areas of psychological concerns, counselling, school attendance, social work, and reading assessment and remediation. Later on speech therapy was added.

Present Model of School Psychology in Edmonton Schools. By the early 1970's both Public and Catholic School Systems had in place a service delivery model of Student Services in the form of multidisciplinary sector terms serving different sections of the city. The Public School System serves approximately three times the student

population of the Catholic Schools. At present Edmonton Public Schools Student Services Division is organized into three main teams each serving approximately sixty schools. Eighteen psychologists, thirteen social workers, twelve reading specialists, and twenty speech therapists work out of twelve different school locations. The Catholic Schools Student Services include four sector teams each serving approximately sixteen to twenty schools. A team of five made up of a school psychologist, a behavior resource counsellor, a reading specialist, a speech therapist, and a speech assistant works out of four separate school locations. All teams are supervised by a central administrative group housed in a central area. This model of service delivery designed to provide a variety of often interrelated student services utilizes the team approach with the goal of fostering case conferencing and consultation among specialists. Their joint objective is to provide the best service in the most efficient manner. This model of service requires that all specialists expand their role as they combine their expertise and integrate program planning. As a result, the role of school psychologist has become increasingly diverse. A review of the literature on school psychology has yielded a list of potential activities that fall under the responsibilities of the school psychologist. They are as follows:

1. Psychological-educational assessment
2. Personality and emotional assessment
3. Educational programming
4. Behavioral modification programming
5. Individual counselling
6. Group counselling

7. Consultation with
   a. teachers and other school staff
   b. parents
   c. other specialists
8. Reviewing referrals and referring to outside agencies
9. Writing assessment and Case Reports
10. Diagnostic teaching
11. Providing inservices
12. Attending workshops and case conferences
13. Performing follow-up activities
14. Engaging in evaluative and/or research projects

The role of the school psychologist has really expanded from that of providing intellectual assessments to facilitate the placement of students in special classes. Administrators, teachers, and parents are asking the school psychologist to provide more information and service. The requests span the realms of: learning theory with an emphasis on learning styles and disabilities; child development and maturation issues; emotional and social development problems to knowledge about the intellectually gifted and exceptional population.

The American Psychological Association School Psychological Services Speciality defines the role as follows:

> School Psychological Services refers to one or more of the following services offered to clients involved in educational settings from pre-school through higher education for the protection and promotion of mental health and the facilitation of learning.
>
> a) Psychological and psychoeducational evaluation and assessment of the school functioning of children and youth through the use of screening procedures, psychological and educational tests of intellectual functioning, cognitive development, affective behavior, and neuropsychological status), interviews, observation, and behavioral evaluations with explicit regard for the context and the setting in which the professional judgments based on assessment, diagnosis and evaluation will be used.
>
> b) Interventions to facilitate the functioning of individuals or groups with concern for how schooling influences and is influenced by their cognitive, conative, affective and social development. Such interventions may include, but are not limited

to, recommending, planning, and evaluating special education services, psychoeducational therapy, counseling, affective educational programs, and training programs to improve coping skills.

c) Interventions to facilitate the educational services and child-care functions of school personnel, parents, and community agencies. Such interventions may include but are not limited to, in-service school personnel education programs, parent-education programs, and parent counseling.

d) Consultation to and collaboration with school personnel and/or parents concerning specific school-related problems of pupils and students and the professional problems of staff. Such services may include, but are not limited to: assistance with the planning of educational programs from a psychological perspective; consultation to teachers and other school personnel to enhance their understanding of the needs of particular pupils; modification of classroom instructional programs to facilitate children's learning; promotion of a positive climate for learning and teaching; assistance to parents to enable them to contribute to their children's development and school adjustment; and other staff development activities.

e) Program development services to individual schools, to school administrative systems, and to community agencies in such areas as needs assessment and evaluation of regular and special education programs; liaison with community, state and federal agencies concerning the mental health and educational needs of children; coordination, administration, and planning of specialized educational programs; and the creation, collection, organization and provision of information from psychological research and theory to educate staff and parents.

f) Supervision of school psychological services.

Statement of the Problem. Considering the complexity of the school psychologist's role, and the fact that most psychologists are functioning in the context of 1 psychologist to 3000 or 5000 student population from grades kindergarten to nine, the major problem has been one of first determining priorities of service to children, and second of planning the most effective and efficient mode of service delivery. Generally speaking service delivery can be either direct or indirect.

Direct service refers to activities that the school psychologist engages in with the child that is of direct benefit to the child. Such activities include, strategy instruction and practice for learning problems and social or emotional problems; counselling and play therapy, as well as diagnostic teaching. Indirect services are those which involve a third party such as an administrator, a teacher, or a parent who in turn interacts with the child. Psychological, educational, personality, emotional and behavioral assessments; consultations, and the writing of reports are examples of indirect services to children.

In order to address the problem of what types of service are to be delivered and in what manner, school psychologists, in their daily practice, use their professional judgment in studying and priorizing their individual referrals. Their judgment is based on input from teachers, parents, and other specialists. At other times more formal and comprehensive studies have been undertaken by individuals and school systems to determine, in a more objective manner, the needs of administrators and teachers as they strive to meet the needs of their students. Previous studies have included surveys of administrators', teachers', and school psychologists' perceptions of the role of the school psychologist; needs assessment studies and evaluative studies concerning the work of the school psychologist.

The present study conducted in the Edmonton Catholic School system was prompted by the concerns of school psychologists and other teaching groups about the role of the school psychologist. School psychologists were being faced with increasing numbers of referrals and special programs. They were in the process of piloting a new approach to

screening referrals using school-based screening committees. Teachers at all levels have expressed frustration with the lack of availability of school psychologists due to large case loads. They have also expressed dissatisfaction with the lack of special direction and remediation plans provided by the psychological reports. In addition, teachers have complained about the difficulty of implementing suggested interventions in their classrooms. Teachers seem to be searching for specialized help with individual program planning and implementation for students with learning and behavior problems.

The intent of this study was two-fold--1) to gain current information about elementary school teaching personnel's perceptions of the school psychologist's role; and 2) to increase understanding of the nature of the present educational needs of those teachers and their students. The study addressed the needs of seven different teaching groups with a focus on a) patterns of perceived needs among teaching staff, and b) priorities for change.

CHAPTER TWO

Literature Review

Introduction: General Context of the Problem

> History reveals that school psychologists have been reacting to outside forces which have asked for certain functions to be performed. In this sense the schools have led the way in expanding a concept of the potential role of psychology in education. (Eiserer, 1963, p. 4)

In the words of Marvin S. Kaplan (1985) "the beliefs of educators promoted the development of school psychology as a profession." It began with the belief in compulsory education which fostered the need for the psychological service of individual assessments to determine ability and grade levels of students. The focus on the rights of the individual child, taking into consideration his special abilities and disabilities, pressed for increased input from school psychologists. Requests were made for scientific, empirical ways of determining individual learning strengths and weaknesses. The need of educators puzzled by the lack of academic achievement on the part of some students was impetus for school psychologists to assess the situation. They were being asked to explain the problem and suggest or plan remediation. Common questions posed were, "Does this child have a learning disability? What kind of disability is it? How do we teach him?" Similarly, when it came to students with special, exceptional abilities which enabled them to perform beyond their chronological age, teachers turned to school psychologists for help in understanding and teaching

these children. Another event, the inclusion of kindergarten under the umbrella of public education, created new needs for school psychologists. Teachers were faced with children who displayed special needs in terms of developmental delays or deficits. Now there were requests for different types of assessments.

> Teachers are the chief consumers of the service. They often are the first to identify, problems and are usually involved in their eventual solutions. Their attitudes and beliefs about the values of services determine whether or not they seek them or how they use them. (Eiserer, 1963, p. 14)

The appropriate role and function of school psychologists is a topic often debated in the educational profession. Various groups have differing views. School psychologists themselves often describe their role in terms of preferred functions as opposed to actual. This discrepancy had led to a variety of surveys on the role of the school psychologist (Hartshorne & Johnson, 1985). An investigation of the research on psychological service in the schools, from past to present, reveals several major issues based on the needs of students as expressed by teachers and administrators. Aspects of the following three major areas and related issues will be explored in this thesis:

1. Assessment: Nature and Types
2. Intervention: Types and Focus
3. Models of Service Delivery: Direct and Indirect

Assessment: Nature and Types. Assessment may be defined as the planning, collection, and evaluation of information pertinent to a psychoeducational concern (Hynd, 1983, p. 145). Planning gives direction and meaning to the assessment process by highlighting the

concerns and guiding the data collection. The assessment process begins after someone identifies a possible psychoeducational problem--in the form of a request or referral. Regardless of the specific assessment concern, individuals, groups, behaviors, and situations are multidimensional. Therefore, assessment is multidimensional. The assessment plan, for example, involves decisions relating to the following:

a) What information to obtain (e.g. data on a child's cognitive development, data on teacher-classroom interactions);

b) What persons may be able to contribute useful information (e.g. child, parent, teacher, administrator);

c) How to obtain the information (e.g. observation, interview, administration of a standardized assessment instrument);

d) Where to obtain the information (e.g. in the school psychologist's office, in the classroom, on the playground); and

e) When to obtain the information (e.g. during a scheduled appointment or meeting, during a class, during recess) (Hynd, 1983, p. 149).

Collection of data occurs via three basic processes: observation, administration of assessment instruments, and interviews. The evaluation part of the assessment consists of a compilation of a multidimensional view of the concern, and an interpretation of that view. At this point the school psychologist combines all the assessment data plus any clinical intuitions based on the data, and formulates an interpretation of the concern. The designation "problem" is applied

after the assessment is complete. When it comes to "problem" differences in perception often occur between psychologists and others such as parents and educators. Each group may interpret the data differently. In addition there are variables present apart from the assessment itself which may influence the assessment process. An example of such a variable is the context in which a referral is made. Referrals often go through some process (e.g. a school or district committee, or an administrator who reviews referrals) before they reach the school psychologist. Within these groups prioritization of referrals often occurs placing a high priority on those which may have placement implications and relegating others to a low priority status. This prioritization may subtly influence data gathering and interpretation. The school psychologist must keep such factors in mind as he strives to remain as objective and comprehensive as possible during the assessment process.

> The major justification for psychological testing is to gain knowledge that is the basis for helping an individual. But the knowledge gained from the testing situation has to be integrated with knowledge about the individual's behavior with other people. (Sarason, 1983, p. 286)

Research and evaluative surveys have repeatedly shown that the most frequently occurring activity of the school psychologist is the assessment of the abilities, aptitudes, interests, achievements, personality, and adjustment of students. There is much support in the literature stating that teachers and administrators view the assessment of students as the school psychologist's primary role. Furthermore, the school psychologist's work is substantially affected by the perceptions

of other school personnel. Robert (1970) investigated the perceptions of a fairly large sample of 100 school psychologists and 296 elementary teachers in Iowa, U.S.A. Both groups perceived the role of psychometrist as very important; however, teachers attached more importance to this role. The psychologists felt that in actual practice too much emphasis was given to the psychometrist role. In contrast, teachers felt that even more emphasis should be given to the administration and interpretation of individual tests. As for the role of psychologist as consultant, the school psychologists saw this function as more important than the teachers. School psychologists felt that they should be spending 48% of their time in test administration and diagnosis. Following that the consultant role should receive the greatest portion of time. In general, in this study, teachers believed that psychologists should become much more involved in all functions especially the roles of therapist, mental hygienist, and educational programmer. Yet, teachers did not feel that psychologists were as effective in dealing with academic problems as did psychologists, nor did they want psychologists to become involved in these responsibilities, as did psychologists themselves.

A national study by Lacayo, Morris, and Sherwood (1981) asked over 300 school psychologists to record their daily activities. Results indicated that assessment activities comprised almost 40% of the work time with 20% of the time actually spent giving tests. It was reported that consultative activities accounted for 33% of the psychologist's total day.

Other types of time utilization studies of restricted populations have been done. A study of the daily activities of a single school psychologist, Fairchild (1984), logged over a period of two years revealed that his time was divided in this way: assessment 30.7% of the time; intervention 24.8%; program evaluation 12%, and administration, 23.5%.

Another larger study involving 50 school psychologists and 400 elementary and junior high teachers conducted by Bowen (1981) came up with similar findings. School psychologists and teachers report that school psychologists spend more time in psychoeducational assessment than in any other activity. The reported time allotment was as follows: assessment 47%, report writing 24%, and consultation and inservices 17%. Teachers stressed assessment activities, early identification of needs, screening, and prevention. Ideally, school psychologists would like to spend more time in a consultative role; teachers would like school psychologists to do more counselling.

More recently, Eitel, Lamberth, and Hyman (1984) conducted a time sampling study using trained observers to determine the actual role functioning of eleven school psychologists. It was a rather unique study in that it employed trained observers working with low inference observation instruments designed to minimize observer reliability problems. It was constructed as a 'time point' category system to be tallied every fifteen minutes. The results were similar to those of the previously cited national sample in that assessment activities take up 39% of the psychologist's time. However, differences emerge for the national study did not account specifically for Individual Education

Plan (I.E.P.) activities that were found in the Eitel, Lamberth, and Hyman (1984) study to account for 15 to 28% of the psychologist's time. Also the national survey indicates that 44% of that sample's time was taken up with consultation and counselling activities; whereas only 15 to 19% of the school psychologist's time in this study was devoted to such activities.

A survey carried out in Edmonton Public Schools in 1978 showed that school psychologists' actual time spent doing individual testing was 36.1%. Their desired or ideal time to spend on assessment was estimated at 29%. In terms of assessment activities alone, all studies reviewed confirmed that school psychologists spend 30 to 40% of their time assessing students. It should be noted as Sandoval and Lambert (1977) point out that "the problem with frequency counts of work activities is that they provide no information about the quality or effectiveness of the work performed."

Not only is the school psychologists' role influenced by the perceptions of teachers but also by the views of school principals and administrators. The importance of the assessment role has been demonstrated in several studies involving school principals and other administrators. Lesiak and Lounsbury (1977) compared elementary school principals' views of psychological services with those of supervisors of psychological services. Both groups rated generalist skills and individual diagnostic testing as well as consultation as important. Remedial instruction was rated as unimportant. This finding is consistent with that of Senft and Clair (1972) whose survey of 200

elementary principals indicated that psychologists were most valued in the traditional roles of psychological testing, personality and emotional assessment, consultation, and screening, but not curriculum planning.

> School psychology can be described as the largest specialty within psychology to be shaped by external forces. One potent external force is the consumer of school psychological services. Because school psychology is exclusively a service profession, there is a need to firmly establish a service which is consistent with consumer needs. (Landau & Gerken, 1979, p. 202)

From this perspective, Landau and Gerken, 1979, compared the responses of elementary and secondary principals to those of their classroom teachers as to their ideas of the present role and desired role of the school psychologist. Consistent with previous research, principals supported the psychometric function as both the most prevalent and most desirable. In contrast, the teachers varied in their perceptions with 47.8% of the teachers indicating that their psychologists performed individual psychoeducational studies most often. Of those teachers 71% would prefer that their psychologists perform some other function more often. However, 29% of the teachers agreed that individual psychoeducational assessment was both the current and desired function. Interestingly, consultation was selected as a desired function by 22.8% of the teachers. Yet, only 5.9% reported that their psychologists perform consultation most often. The perceptions of principals is consistent with the results of most previous surveys of teachers and school administrators (Giebink & Ringness, 1970; Kaplan, Chanay & Chrin, 1977; Kirschren, 1971; Roberts, 1970; Senft & Clair, 1972; Styles, 1965) which have indicated that individual child diagnosis

and study should be a major priority role for school psychologists (Landau & Gerken, 1979).

In comparison, three other studies based on the perceptions of administrators and principals yielded somewhat different results. Manley and Manley (1978) surveyed 96 school psychologists and 75 school superintendents throughout the state of Ohio with the purpose of comparing their personal values and operative goals. They used England's instrument to examine 56 value concepts as well as 21 school psychology goals. The goals were categorized into four classes: community-oriented goals, internal consultation goals, functional goals, and professional development goals. Results of the study revealed that both groups held the traditional school psychologist's goal of conducting individual testing to be of less importance than acting as an internal consultant or resource person. Another finding was that superintendents' goals were associated with increased learning efficiency and interacting with community agencies while school psychologists stressed goals associated with parent-psychologist interactions.

The results of a study done by Hughes (1979) in the Virginia Public Schools also recommend that school psychologists spend less time in test administration and report writing and more time in counselling. This study is unlike others cited in that it analyzes both actual and ideal perceptions of 29 superintendents and 37 directors of pupil personnel services. Each of the 80 psychologists completed two questionnaires one of which assessed job satisfaction. Findings suggest that directors and school psychologists agree that the psychologist spend less time in

assessment activities and more time in parent education, inservice training, mental health consultation, organizational development and research. Directors also want the psychologist to spend more time in client-centered consultation and classroom observation. Of interest in this study was the fact that there were no significant differences between the actual and ideal role perceptions help by psychologists and administrators. There were also no significant differences found between school psychologists' and directors' actual role perceptions.

One of the largest studies of principals done nationwide involved a sample of 297 elementary school principals randomly selected from four geographic areas in the United States. Senft and Snider (1980) had the principals respond to a questionnaire of structured questions regarding 14 services provided by the school psychologist. The services listed were: psychological testing, personality and emotional assessment, individual counselling, group counselling, psychotherapy, consultation, educational planning, behavioral modification, research program development and coordination, screening, curriculum development, preventive mental health, and inservice training (Senft & Snider, 1980, p. 277). The principals were asked to evaluate the helpfulness of each service by checking yes, no, uncertain or not available. Respondents indicated that the school psychologist was most helpful when providing the traditional services of psychological testing, personality and emotional assessment, as well as consultation and screening. The actual results were:

> Psychological testing is seen as helpful by 99.1% of the principals; Personality and emotional assessment by 85.4% of the

principals; Consultation by 87% of the principals; Screening by 88.6% of the principals.

School psychological services perceived by the responding principals as not helpful were:

- group counselling by 38.4%
- research by 33%
- preventive mental health by 29.4%
- program development by 25.3%

When it comes to changes in school psychological services desired by the elementary school principals, more time from the school psychologist and an increase in individual and group counselling, preventive mental health, and inservice training were recommended "Though knowledge of educational constructs appears vital to the best performance of the school psychologist, the immediate desires of the principals do not include a notable increase in educational programming and curriculum development as such" (Senft & Snider, 1980, p. 281). A limiting factor in the expansion of services provided by the school psychologist to the elementary schools is the element of time.

Intervention: Types and Focus. In fulfilling his role the school psychologist begins with the process of assessment of a potential problem situation. This demands a diverse approach of data gathering which may include obtaining information from school files, interviewing teachers, parents, and child, observing the child in a variety of situations, to administering different diagnostic tests. Assessment does not always lead to intervention. Intervention follows assessment when it has been determined that a problem exists and an action or change is desired.

> Broadly conceived, school psychological service intervention may be defined as a mediational procedure which enters into some aspect of the psychoeducational process in order to affect that process and promote a different outcome than would be expected without such interposing. (Hynd, 1983, p. 146)

"Intervention can be defined as strategic reactions by psychologists, educators, and/or parents to children's 'inappropriate behavior' or 'unsuccessful' learning" (Elliott & Witt, 1986, p. 18).

What does this entail in terms of the role of the school psychologist? For the school psychologist this means interacting with those people concerned with a problem situation so as to have a positive impact. The general goal would be to either ameliorate or resolve the problem situation through collaboration with those significant individuals. Consideration of the people involved--their personalities, attitudes and values, strengths and weaknesses are of crucial importance. Equally important to the psychologist is the knowledge of the total situation and the understanding of as many factors as possible that impinge on the problem.

Like assessment, intervention consists of several elements beginning with a planning phase. In the planning phase the intervention target (focus) (i.e. person or persons; milieu or materials), goal, method, and evaluation plan are delineated. Intervention evaluation activities may be formative and summative; that is, they may occur during and affect an ongoing intervention, and/or happen following an intervention (Hynd, 1983, p. 146). <u>The intervention plan is paramount</u>. It gives direction and meaning to the intervention activity and determines an appropriate evaluation strategy. While formulating a plan the school psychologist operates under these assumptions: that

facilitating students' growth and development is the basis of any intervention strategy, and that anything in the psychoeducational milieu that is relevant to the problem may be the focus of an intervention. Part of the plan is determining the intervention method which depends on the intervention focus. Interventions may be selected from one of the following categories: a) physiological and pharmacological, b) counselling and psychotherapy, c) consultation, d) behavioral interventions, or e) milieu (environmental) interventions. The subject of intervention receives attention in most studies that examine the role of the school psychologist. Gilmore and Chandy's study (1973) investigates the views of 33 teachers using a structured interview method. The study concerned itself with teacher perceptions of what school psychologists actually do, their competencies, and teachers' recommendations for change. Another goal of the study was to discover whether the amount of teaching experience and the degree of contact with psychologists contributed to different views on the part of the teachers. Previous research had presented contradictory findings. Baker (1965) stated that the teachers' opinions of the effectiveness of psychological services declined after several contacts while the work of Lucas and Jones (1970) suggested that teachers having more contact with psychologists rated the services higher (Gilmore & Chandy, 1973). Findings from the study revealed that teachers believed that psychologists are knowledgeable about children's abilities and their emotional development but know less than the average teacher about teaching and classroom management. A comparison of the novice and

veteran teachers indicated significantly different perceptions of the school psychologists' role in the treatment of individual cases. It was found that inexperienced teachers expected helpful recommendations more often than experienced teachers. Although the research results showed that teachers rated psychologists rather low on helpfulness, 36% of the sample requested that their school be assigned a full-time psychologist. In light of this information Gilmore and Chandy (1973) hypothesize that such dissatisfaction does not refer to psychological services per se but to the current emphasis on diagnosis rather than on intervention. Limitations of this study should be mentioned in that the sample was small, a single school district, and the interview procedure is subject to unmeasured experimenter effects. Kahl and Fine's research (1978) considered a somewhat larger and more diverse sample of 54 elementary school teachers from 8 elementary schools. They represented lower and middle income as well as upper middle class populations. An extensive questionnaire was used. It contained three separate measures:

a) a scale measuring general attitude toward school psychologists

b) a scale dealing with role functions and

c) a scale governing the helpfulness of psychologists to various types of children.

Teachers were grouped according to experience and amount of contact with the school psychologist.

Some of the findings were:

1. the lower the economic status of the school, the higher the reported contact with the school psychologist.

2. as to degree of contact, as contact increased, a view of the psychologist as helpful to the following children also increased:
   a) underachievers
   b) learning disabled
   c) emotionally maladjusted
   d) home problem children
3. as years of teaching experience increased,
   a) teachers tended to view the school psychologist as less knowledgeable about children's abilities
   b) the teachers saw the psychologists as providing enough services in general.
   c) the psychologist was seen as serving as a consultant to teachers.

The most interesting finding was that as teaching experience increased so did the teachers' view of the psychologist in a consulting role. This differs from Gilmore and Chandy's study (1973) which reported that it was inexperienced as opposed to experienced teachers who saw consulting as part of the school psychologists' role. Researchers Kahl and Fine (1978) postulate that psychologists have increasingly introduced consulting as part of their service; as a result more teachers are becoming aware of the benefits.

Dean (1980) also compared experienced and preservice or novice elementary school teachers' perceptions of the school psychologist. The areas addressed in the study were: a) the perceived importance of the psychologist to the educational process, b) the appropriate areas for

psychological referral, and c) the number of dimensions of perceived competency. His sample consisted of 32 teachers of 3 to 5 years of experience who reported 5 to 8 contacts with the school psychologist during this time, and a matched group of second semester juniors in training. A three-part questionnaire asked each subject to a) rank a number of school personnel on their importance, b) rate school psychologists on 11 dimensions, and c) assign a number of common referral problems to the school personnel best able to deal with them (Dean, 1980, p. 284). Results of the investigation indicated that the experienced teacher and the novice were in agreement as to the psychologist's importance and the kind of referrals appropriate for psychological services. Both groups of teachers saw the school psychologist as the referral agent for evaluation of emotional and learning problems. The preservice teachers felt that classroom behavior problems were within the psychologist's realm of functioning. However, the experienced educators were evenly divided in their preference between the school psychologist and the principal as the one to deal with classroom behavior problems. In this study experienced teachers had a significantly more negative opinion of the school psychologist's knowledge of classroom problems, social groups, and school-related knowledge in general. They viewed the school psychologist as providing less than helpful information when consulted in general and particularly when learning problems and psychometric feedback was concerned (Dean, 1980, p. 288). Yet, when it came to the remediation of emotional or behavior problems both experienced and novice teachers rated the school

psychologist highly. From this investigation Dean (1980) speculated that, as a function of contact with psychological services, the experienced teacher sees the psychologist as less effective in handling certain problems than would ideally be expected. Nonetheless, the experienced teacher perceives the school psychologist as an appropriate referral agent, but apparently refers with lower expectations of service than does the novice teacher.

> It has been proposed that the role of the school psychologist, generally defined, is to work "with teachers to facilitate learning by children" (Ysseldyke, 1978, p. 373), and that this role has not been fulfilled in the past because the data supplied to teachers are not the data those teachers want. (cf. Bennett, 1970)

Thurlow and Ysseldyke (1982) examined the issue of congruence between the kinds of data school psychologists present for planning instruction and the kinds of information teachers consider most useful for instructional planning. These researchers selected a limited national sample of 49 school psychologists (representing 24 states), and 30 regular education teachers. In a survey format they were instructed to list ten assessment devices and data collection procedures most often used in assessment conducted to plan instructional programs for handicapped students. An analysis of the survey results demonstrated that over 70% of the procedures listed by school psychologists and over 40% of the procedures listed by teachers were standardized tests. Informal measures were listed 18% of the time. Significantly more teachers than school psychologists listed informal measures as their first choice. Standardized tests were mentioned most frequently by both groups with the Wechsler Intelligence Scale for Children-Revised (WISC-R) selected most often. Both groups include most frequently the same

three domains of intelligence, perceptual, and achievement in the tests that they name. The psychologists' "Big Three" were WISC-R, WRAT (Wide Range Achievement Test), and BENDER-GESTALT (Developmental Test of Visual-Motor Integration). The teachers' "Big Three" were WISC-R, PIAT (Peabody Individual Achievement Test), and KEY MATH. Interestingly, less than half the teachers surveyed found standardized test data useful. Among those procedures listed first, teachers cited informal measures almost as often as standardized tests. Other data sources such as teacher input and behavioral observations received frequent mention. The data presented in this study suggest that teachers seem to want less standardized test data than school psychologists provide. With this discrepancy, attention must be given to the use of different types of information that can be used to plan effective instructional interventions. The dilemma seems to be that standardized tests, as they are presently constructed, do not provide the information necessary for instructional decisions, and the information on the use of teacher reports and observational data for program planning is sparse.

> It is noteworthy that the results of this nationwide survey are not in complete agreement with those of the Minnesota survey conducted by Thurlow and Greener (1980). They found a greater degree of consensus among school psychologists and teachers, with school psychologists including teacher input as a primary procedure nearly as often as teachers, and teachers listing basically the same specific tests as school psychologists. The discrepancy between the national sample and the Minnesota sample points to the need for a broad sampling procedure when collecting descriptive data on psychoeducational assessment. (Thurlow & Ysseldyke, 1982, p. 9)

Previously mentioned research have considered the perceptions of school psychologists, administrators, and elementary teachers in general, as to the role of the school psychologist. Abel and Burke

(1985) examined the views of different staff groups within the elementary school as to their perceptions of the work of the school psychologist. The group surveyed was from an urban school district and included the following cross-section of school staff: 5 psychological assistants (Masters' Level certified), 8 psychologists (Ph.D.'s), 170 regular education teachers, 115 special education teachers, and 52 assistant principals and principals. Represented in this group was a 30% random sample of regular education teachers stratified from kindergarten to grade 8 and all special education teachers and principals. The following areas were evaluated: a) frequency of contact between consumers and school psychologists, b) allocation of time by school psychologists, c) knowledge possessed by school psychologists, d) school situations in which school psychologists should become involved, and e) overall helpfulness of school psychologists. An examination of the results of the study leads to an interesting finding. Contrary to previous studies in which there was a reported negative correlation between amount of contact and perceived helpfulness of the school psychologist (Baker, 1965; Dean, 1980; Gilmore & Chandy, 1973), in Abel and Burke's study (1985) helpfulness of school psychological services related positively to amount of contact. Indications are that experience with school psychologists can foster positive views about their helpfulness. As to allocation of time consumers underestimated the portion of time that psychologists spent on diagnosis, evaluation, and report writing activities. For psychological assistants it was 50% perceived compared to 68% actual; for Ph.D.'s it was 34% perceived

compared to 44% actual. Psychologists proposed a significantly greater reduction of diagnosis/evaluation responsibilities as compared to consumers. In contrast to a consumer perception that more Ph.D. time should be allocated to consultation with teachers, Ph.D.'s proposed no such change. Yet, psychologists' assistants suggested that more consultation with parents and teachers were important desired changes in their job responsibilities. Addressing the issue of knowledge possessed by the school psychologist in terms of teaching strategies, managing classroom behavior, school disciplinary problems and academic problems, regular education teachers rated school psychologists significantly lower than did principals or the school psychologists themselves. It appears teachers may underestimate school psychologists' expertise in various areas, while principals slightly overestimate this expertise (Abel & Burke, 1985, p. 130). Coupled with this perspective, special education teachers recommended significantly less involvement for school psychologists. How does this information relate to the psychological service of intervention? Principals recommended that school psychologists be involved frequently in interpersonal relations both in school and between school personnel and parents. Regular education and special education teachers were not enthusiastic about this kind of involvement. Overall, 32% of the consumer sample indicated that more school psychologists were needed so that increased time could be allocated to counselling (32% of the sample), observation and intervention services (10% of the sample), inservice seminars (6% of the sample) and staff consultation focusing on professional and personal difficulties (4% of the sample). Regarding situations in which

psychologists should become involved, school psychologists' own ratings were close to consumer ratings. Abel and Burke's study (1985) produced very interesting data pertinent to the issue of intervention. The finding as to the teachers' perceptions of the lack of useful knowledge that school psychologists possesses, as well as the view of the special education teachers suggesting less involvement for school psychologists does not paint a promising picture. Also, the overall indicator of 10% of the sample suggesting increased time for observation and intervention services is not substantial. From the teachers' point of view, in this sample population, the role of the school psychologist in intervention is not clear nor comprehensive. Principals have conveyed a more positive attitude toward involving the school psychologist in a more divergent role. Yet even they have made no reference to school psychologists' work with teachers in the areas of specific types of interventions such as behavioral and milieu interventions; individual program planning or modified teaching. It would seem that the realm of psychological intervention is in further need of research.

Teachers have been described as disillusioned with the overall type and quality of reports and services which school psychologists provide (Ysseldyke, 1980). However, there has been no direct evidence documenting teacher satisfaction with 'specific services' received in individual cases (Brady, 1985). Consequently, the purpose of Brady's research was to investigate the usefulness of a case study method for evaluating effectiveness of school psychology services. In her study 73 randomly selected regular education elementary teachers completed a

questionnaire to obtain 'case-specific' data regarding teacher satisfaction with psychology services in five areas:

a) contact prior to assessment

b) assessment/diagnosis

c) written and oral communication

d) recommendations/intervention

e) personal/professional variables

Information gathered in this manner indicated that teachers were highly satisfied with the psychological services they received. A reported 60 to 97% of the respondents rates all items as either 'strongly agree' or 'agree'. Concerning intervention, when special services were not needed, findings support the fact that recommendations were provided in 82.2% of the cases. Satisfaction with these recommendations was reported by 64.7% of the teachers, while 26.5% were only slightly satisfied. Another plus for intervention occurred when most teachers agreed (76.8% chose category 'strongly agree' or 'agree') that they were adequately involved in the development of intervention plans. Also, it was reported that the psychologist assisted in implementing, and monitoring the intervention in 76.5% of the cases. As for dissatisfactions that emerged from the study, teachers tended to be less satisfied with the amount of time it took to initiate action on a case. The reported delay ranged from 2 days to months. Two weeks was the median length of time. In 64% of the cases, three weeks or less passed between time of referral and initiation of action (Brady, 1985, p. 218). Approximately 60% of the teachers indicated that this delay did not concern them. Teachers were dissatisfied when more than four weeks

lapsed between referral and action. All teachers reported that they would like to be contacted regarding reasons for delays. Many teachers said that their psychologists performed well under a heavy case load. But, there were requests for more case follow-up and counselling services. As compared to some previous studies (Gilmore & Chandy, 1978; Lucas & Jones, 1970; Baker, 1968; Colligan & McColgan, 1980) which revealed teacher dissatisfaction with psychological reports and recommendations, Brady's study (1985) found support for teacher satisfaction. Teachers expressed satisfaction with pre- and post-assessment contact, and with the psychologist's diagnosis of the referral problem. However, teachers were less satisfied with the availability of school psychologists. In this study Brady makes the point that evaluations of psychological services may yield more accurate information when teachers are asked to report on recent and specific cases than when asked to consider psychological services in general.

Models of Service Delivery: Direct and Indirect. The work of the school psychologist can be categorized under four major psychological services: assessment, intervention, consultation, and research. Up to this point the general services of assessment and intervention have been considered. The nature of these processes has been examined with a focus on some of the related research. For both assessment and intervention the vital aspect is service delivery, that is, how to accomplish each function. Some ways of administering these functions have been mentioned earlier, but a more in-depth exploration of the approaches to service delivery, as presented in the literature, will be

will be reviewed here. A primary focus will be the nature and impact of consultation.

Generally, school psychologists report that they spend their time primarily in psychoeducational assessment functions, but they would prefer to spend their time on other functions like consultation, intervention and in-service training. Sandoval writes "knowing how a school psychologist spends his time does not indicate how important are the various aspects of the duties. Because an activity takes much time does not mean that it leads to effective impact on clients" (Elliott & Witt, 1986, p. 140). The time spent in testing and writing reports, the most commonly reported activity, may not represent the overall importance of these activities in helping children. Another shortcoming of surveys on what school psychologists do is that they represent averages. The surveys do not reveal if there are subgroups of school psychologists who allocate their time and function differently.

Impetus for expanding the school psychologist's role has come from dissatisfactions with the earlier diagnostic model of "refer-test-place." References to the limitations of this type of service have been made in the literature. Some of the major points made in articles were:

a. Individual casework was frequently ineffective. (Tractman, 1961)

b. Testing alone was time consuming, usually ineffective, and often led to pernicious labeling rather than to effective intervention. (Bersoff, 1971)

c. The school psychologist contributed little to the pressing mental health needs of children and society in general and made little headway toward effecting needed changes in school personnel and programs. (Lambert, 1973; Gordon, 1967; Ojemann, 1967; Oxhord, 1965; Tindall, 1964).

(Reschly, 1976, p. 107)

In response to these expressed dissatisfactions, the consultation role increasingly has been viewed as the school psychologist's answer to these challenges. It is thought that by operating as consultants, psychologists can provide more effective services and influence greater numbers of people. Prior to focusing specifically on the consultation process, models of psychological service will be reviewed. The following six models as classified by Sandoval will be considered:

1. The Diagnostic Model: The White-Coated Gate Keeper
2. The Prevention-Promotion (Mental Health) Model
3. The Social Learning (Behavioral) Model
4. The Organizational Development Model
5. The Prescriptive Intervention (Educational) Model
6. The Child Advocacy Model

1. The Diagnostic or Clinical Model is the traditional model of school psychological services. In this model the child is client; assessment is the method; special education is the intervention. Central to this model is diagnosis. Intervention is important but secondary. "White-coated" symbolizes the medical model, and "gate-keeper" acknowledges the important role that the psychologist has in deciding which children will receive extra services in the school. Criticisms of this model include dissatisfactions with the overreliance on assessment, particularly cognitive assessment. Critics of tests point out that tests often reveal information that is not relevant to interventions in the schools (Reschly, 1980). Another criticism is that the labeling done as a result of diagnosis is destructive because of changes in social

expectations placed on the child. Others have attacked the diagnostic model on grounds that there is an inherent bias in this model in perceiving the problem to lie within the child (Reger, 1972). The Clinical or Diagnostic Model has also been criticized in terms of the limitations of its service. By focusing on individual children and engaging in an in-depth, very specialized assessment process, the school psychologist's scope of influence is very narrow. In order to address the needs of more children, using this model, many highly trained school psychologists would be required. Financially this would be impractical for school systems. Another economic disadvantage to the clinical approach is that the consultee's problem solving skills do not expand. Dependency on the expert, a costly resource, continues (Gallessich, 1982, p. 146). Yet there are some positive aspects to the Diagnostic or Clinical Model of school psychological services. Clinical consultation provides a low-risk entry point for mental health professionals to begin work with a school or individual staff member. Also, the model is useful in a crisis situation that demands immediate, expert judgment. This model is useful, too, when the consultant is considerably more skilled than the consultee in both collection and analysis of data relevant to the problem.

2. The Prevention-Promotion (Mental Health) Model evolved as a reaction to the limitations of the Clinical Model. Caplan (1970), who most clearly articulated the theoretical principles of the Mental Health Model constructed a typology to clarify the differences between the two approaches (Gallessich, 1982, p. 151). By looking at a) the target--the place in which change is sought (the problem) and b) the focus--the

point of interaction at which consultant and consultee meet, Caplan created four consultation models. They are:

1. Client-Centered Case Consultation--the Clinical Model; the goal is to diagnose the problem and recommend a solution.
2. Consultee-Centered Case Consultation; the focus is on the case but the primary goal is the increased competence of the consultee.
3. Program-Centered Administrative Consultation; the focus is on an agency program and the primary goal is to help the consultee with a particular program. The consultant might assist in planning, implementation, and evaluation.
4. Consultee-Centered Administrative Consultation; the focus is also on a program or some aspect of the organization; the primary goal is to help the administrator function more efficiently in future program development by increasing his or her expertise (Gallessich, 1982, p. 151).

Considering the individual/organizational dimension as well as the preventive/remedial emphasis Gerald Caplan (1970) has developed the following schema (Hynd, 1983, p. 275):

	Individual Focus	Organizational Focus
Remedial Emphasis	Client-Centered Case Consultation	Program-Centered Administrative Consultation
Preventive Emphasis	Consultee-Centered Case Consultation	Consultee-Centered Administrative Consultation

Figure 11.1 Caplan's (1970) schema for consultation.

The Prevention-Promotion Model distinguishes three types of prevention: a) primary which states that all children will be educated to their potential; b) secondary which states that children at risk will not fail; c) tertiary which states that those failing will be helped to recover from their difficulties (Bower, 1964). An underlying assumption of the model is that early intervention is a more efficient approach than remediation. According to Alpert (1976) another important assumption is that in consultation the consultant can alter perceptions in a consultee; altered perceptions can affect behavior, and generalization will occur in the consultee from one client to another (Elliott & Witt, 1986, p. 147). Mental Health Consultation is conceptualized as a pyramid approach in which the mental health professionals (psychologists, psychiatrists, and social workers) provide indirect treatment to others by consultation with the societal caregivers (teachers). In this model problems are formulated in terms of consultee deficiencies such as lack of knowledge, skill, or confidence, or personal overinvolvement in a particular case. A unique feature of this model is the assumption that consultees' work problems often come from emotional involvement and consequent loss of objectivity (Gallessich, 1982, p. 152).

In attempting to facilitate change the consultant is concerned simultaneously with a number of variables--the client (or work problem), the relationship between the consultee and the client, the consultee's coping abilities and difficulties, the organizational setting, and the relationship between the consultant and the consultee. The measure of

success of this model is the extent to which consultation expands the consultee's capacities to diagnose and solve problems. To accomplish consultee growth mental health consultants act in a variety of roles including model, teacher, resource, collaborator and encourager. The general goal of school psychological services under the Prevention Model is to improve the functioning of the school staff in meeting the needs of all children. As with the Clinical Model, the Mental Health Model is vulnerable to criticisms. Some critics point out that consultation and prevention activities are not what the school wants from the school psychologist, or at least they are not high priorities. Another criticism is that this model depends on the openness of teachers and others to seek consultation or preventive activities. Oftentimes it is the teacher who is experiencing the most difficulty who avoids the school psychologist in an effort to minimize feelings of failure or incompetence. In addition, as Reschly (1976) pointed out, the assumption that efforts made in consultation to help one client will transfer to other clients has not been adequately demonstrated (Elliott & Witt, 1986, p. 149).

At this point it is worth considering Joel Meyers' Model (1973) of consultation and service delivery in that his is adapted from Caplan's specifically for school psychologists. It is important to be familiar with Meyers' Model because it is often used as a reference point in terms of discussing consultation models and systems of service delivery. The main contribution of Meyers' Model is that it is an integration of different methods designed for school psychologists. It includes four levels of functioning: 1) direct service to the child; 2) indirect

service to the child; 3) direct service to the teacher; and 4) service to the school system (Meyers, 1973, p. 5). There is a distinction made between content and process of consultation as well as a shift in emphasis from level 1 to 4. The key assumptions of Meyers' Model are: 1) emphasis on observable behavior and extrapersonal causes; 2) reduced time testing; 3) indirect service to children with an emphasis on preventative rather than curative approaches; 4) personal contact with school personnel.

Level (1), Direct service to the child focuses primarily on the child using diagnosis as a consultation tool. This should lead to treatment plans that are implemented indirectly by the consultant. However, Meyers de-emphasizes this level of functioning. Level (2), Indirect service to the child focuses on extrapersonal factors. In Level (3), Direct service to the teacher, the consultant's primary focus is the teacher; his main goal is to change the teacher's behavior. Methods include reduced time spent testing with an emphasis on diagnostic interviewing techniques to determine factors relevant to a problem; task analysis; behavior modification. Level (4), Service to the school system focuses on changing the behavior of various subgroups within the school. At this level the consultant takes an active role in developing innovations through in-service training. The process strategies of Meyers' Model are: 1) freedom to accept or reject any recommendation arrived at through consultation; 2) de-emphasis of the consultant's contribution; 3) interchange between colleagues; and 4) joint responsibility for solving problems.

Returning to Sandoval's classification of models of psychological service delivery, 3. The Social-Learning or Behavioral Model blends traditions of the laboratory scientist with those of the medical profession (Gallessich, 1982, p. 177). This model has its roots in the Behaviorist tradition of Watson and Skinner and the more recent social learning theorist Albert Bandura (1977). The Behavioral Consultation Model has assumed increasing importance in school psychology as an alternative means of intervening with individual cases. It focuses primarily on behaviors with the goal of eliminating or reducing the frequency of undesirable behaviors and replacing them with more positive, appropriate ones. The consultant implicitly is assumed to be an expert, but the ideal relationship should incorporate the democratic feature of consultee discretion to accept, modify, or reject any suggestions (Bergan & Tombari, 1976, p. 109). In the Behavioral Model the child is the client, although the teacher is often the focus of efforts. The methods used in problem solving involve the systematic application of learning principles of which types and patterns of reinforcement are key. Learning theory assumes that all behavior whether normal or abnormal is learned through external patterns of reinforcement. In the Behaviorist view behavior that is dysfunctional is not symptomatic of disease but rather the means by which a person has learned to cope with life's events. Reinforcers are the environmental consequences which strengthen or weaken behaviors (Gallessich, 1982, p. 179). The behavioral consultant sees the consultees as key sources of reinforcers. Therefore, the consultant's task is to determine the reinforcement contingencies that have the potential to alter the

undesirable behaviors. To reach this goal, the consultant must devise a situation-specific diagnosis and treatment plan. Working in the Social-Learning or the Behavioral Model, the consultants emphasize contemporary, observable, public phenomena, and de-emphasize internal processes and historical events or experiences. Increasingly, however, many behavioral consultants are giving importance to cognitive theories which emphasize private thoughts as mediators of behavior. This has led to the use of such interventions as visual imagery and cognitive restructuring methods, and such techniques as "self-talk" (Mahoney & Thoresen, 1974; Meichenbaum, 1975). In this model the consultant takes a directive role because a high level of expertise is needed for an accurate behavioral analysis and for designing a successful program. Depending on the situation the consultant may take the role of adviser, analyst, program designer, teacher, supervisor, evaluator, or some combination of these roles. As for interventions, consultants proceed through several well-established steps (Bergan, 1977; Bergan & Tombari, 1976):

1. The problem is defined in behavioral terms; thus, the problem consists of public and measurable events.

2. Provisions are made for observing and recording behaviors to obtain an objective record of frequency of target behaviors.

3. The consultant analyzes the behavior, its antecedents, and its consequences and selects reinforcement contingencies that appear likely to change the behavior.

4. The consultant designs a program for changing the behavior.

5. The consultation usually concludes with a systematic withdrawal of the consultant's involvement and the consultee's assumption of full responsibility for the client's behavior. (Gallessich, 1982, p. 181)

Strengths of the Behavioral Model are as follows:

1. Behavioral technology offers tools for changing behavior.
2. Behavioral consultation is valuable as an entry model in working with anxious consultees who are in crisis because of uncontrolled, disruptive clients.
3. An important by-product of behavioral consultation is the effect of the consultant's modeling on consultees' skills in observation and in taking a scientific approach to problems.
4. A major strength of the behavioral approach is its technological precision.
5. The effectiveness of this type of consultation, due to the technological precision, is more easily evaluated than most, and valuable feedback is provided to decision makers (Gallessich, 1982, p. 192).

As for criticisms of the model, some critics claim that there is a danger of overlooking the child in the process. Others state that the behavioral consultants often ignore the difficulties involved in taking behavioral techniques out of the laboratory and into natural and complex settings. Behavioral consultants may overlook real-life barriers to interventions. Also, professionals applying behavioral approaches may be adverse to some techniques in that they feel that all students should be treated alike and no special rewards should be offered.

4. The Organizational Development Model has its theoretical roots in the phenomenology of Kurt Lewin and social psychology. Psychological theories on which this model is based originate in field theory, group processes, ecological psychology and Gestalt psychology. This model is

closely related to industrial psychology in terms of goals and change strategies. The entry of the Organizational Development Model into school psychology was a result of the thinking that school psychologists should contribute more to educational innovation and reform (Bergan & Tombari, 1976, p. 108). In this model the school psychologist works at making the social system of the school operate efficiently in the best interests of its clients, the children. According to Conoley (1980) the school psychologist needs to understand the context of the organization in order to understand the individual because organizational variables often override personality variables (Elliott & Witt, 1986, p. 152).

> The goals of school psychological services are to assist the organization of the school to be more efficient in serving children and to make the school more sensitive to children's needs (Reschly, 1976). Important subgoals are to improve communication (Lennox et al., 1979) and to facilitate the overall growth of the organization (Gallessich, 1973). Schmuck (1976) includes the establishment of collective goals, uncovering of conflict, improvement of group processes, solving of organizational problems, collective decision making, and assessment of change. (Elliott & Witt, 1986, p. 152)

The consultant's role in the Organizational Development Model includes the following functions:

a. assisting in implementing "change" of the culture of the organization. That is, to enhance its openness, trust, collaboration, and self-analysis.

b. emphasizing communication skills, their function and process.

c. identifying member roles and functions, to clarify distinct activities and responsibilities.

d. establishing accepted group norms and group processes for the purpose of increasing problem-solving capabilities and group expectations.

e. assisting in problem-solving or decision-making at all levels of organizational structure.

f. establishing clear lines of authority vis-a-vis development or clarification of structural organizational charts.

g. increasing leadership skills through group process and problem-solving training.

h. developing skills in intergroup cooperation, and establishing systems of rewards and recognition of "people" excellence. (Jerrell, J., & Jerrell, S., 1981)

The primary role of the consultant is to assess and develop useful group and organizational processes to reduce conflict and to increase adaptability within the organization. Conflict situations initiate the processes of the Organizational Development Model. Methods used are: a) surveys; b) interviewing and observation; c) consultation with key personnel; d) feedback sessions and group meetings; e) training sessions.

An application of organizational consulting approaches in the schools would take the form of the school psychologist moderating group activities and serving as a facilitator to bring about needed changes. A newly emerging facet of organizational consultation is Organization-focused Behavioral Consultation (Gallessich, 1982, p. 182). Administrators of organizations are contracting to behavioral specialists to diagnose and solve organizational problems. Much like behavioral consultation at the teacher-child level, the procedures follow similar steps. Recommended steps are; a) needs assessment and baseline data; b) establishing performance goals; c) tracking performance; d) reinforcement. The field of organizational consultation is characterized by diversity and rapid growth. Yet, organizational consultants have met with criticism. They have been criticized for

having become so preoccupied with interpersonal processes that they neglect the relations between these processes and areas such as budgets, administration, and technology (Margulies & Raia, 1972). At other times consultants' interventions are criticized for being "bandaid" responses to system-wide problems. Also, reorganizational consultants have been accused of aiding managers in exploiting staff (Friedlander & Brown, 1974; Walton & Warrick, 1973). In some instances consultants have been criticized for introducing changes that are too overwhelming and threatening.

5. The Prescriptive Intervention or Educational Model outlined by Sandoval is the one that brings the school psychologist's duties closest to those of the educator (Gilmore, 1974). The focus of this model is on gathering information of educational and classroom relevance and delivering this information to multidisciplinary teams creating prescriptions and individual education plans (Elliott & Witt, 1986, p. 153). Diagnosis in this model is not of underlying conditions but of skills the pupils lack that can be taught in school. In contrast to the Diagnostic or Clinical Model which uses norm-referenced assessment, the Prescriptive Intervention Model prefers criterion-referenced assessment and the emphasis is on responsibility for remediation. Another type of assessment used in this model is trial teaching to understand the learning potential of students who are referred. Detailed task analysis is also used. The client is primarily the child who benefits from the prescriptions, and secondarily the teacher, even though the teacher is the main focus of the interventions. The major criticism of this model

is that the skills and methods used are removed from psychology and that skilled educators can perform most of the duties.

6. The Child Advocacy Model described in Sandoval's classification is not recognized as such by all writers in the field of psychological services and consultation. For some it is not considered to be a "pure" approach in that the view is, no matter what model or stance is taken, the school psychologist is an advocate for the child. Parents and others often view psychologists as advocates in their daily interactions with a school system. Throughout all psychological services models advocacy principles are routinely practiced. By focusing on the needs of individual students and interceding on their behalf, school psychologists are child advocates. However, some theorists acknowledge enough differences in the Child Advocacy approach to grant it the status of "model". Some of the special characteristics of the model are that it is operational in a system that is essentially antagonistic to children's needs and best interests. In discussing the Child Advocacy Model, Jonathan Sandoval of the University of California explains advocacy in these words:

> The first is social advocacy or working for children's rights in the public arena and attempting to establish programs that are focused on primary prevention. In addition to social advocacy, child advocate school psychologists are interested in individual advocacy. They see themselves as standing up for children and children's rights against all comers, be they teachers, parents, administrators, or others. (Elliott & Witt, 1986, p. 155)

Another distinction in the literature on this model is between change agent or activist, ombudsman or mediator, and child advocate (Catterall & Hinds, 1972; Chesler, Bryant, & Crowfoot, 1976). As change agent the person is concerned with social advocacy; as mediator the

school psychologist protects the child from the school, but also represents the institution; as child advocate, the psychologist fights for the child alone. The child is the only client. In this model the general goals of the school psychologist are to create a situation in which children may grow by opposing forces that stifle children's development and by working to create environments that are healthy for them. According to Conoley (1981) the advocacy consultant's objectives are as follows:

a. to use present difficulties of a group in effecting long-range preventive change

b. to monitor and work for social justice for children, adolescents, teachers, and the administration

c. commitment to humans rather than systems

d. dedication to learning what others need and deserve

e. to build supportive, self-checking systems

f. to serve as a resource person to people

g. to espouse a theory of change including political action.

Some of the specific skills of the advocacy consultant include these:

a. knowledge of law and legal processes especially the results of recent litigation

b. testimony at public hearings, litigation, lobbying efforts

c. organizing a community to action

d. using media, writing skills for social change

e. advise and assist groups to secure care for children

f. actual production of slides, filmstrips, books, pamphlets, newsletter on consumer advocacy topics

g. training and education of consultees on a variety of topics

i. negotiation between two conflict groups. (Conoley, 1981)

In this model the consultant is not concerned with forming personal relationships with the members of a group in terms of therapy. He functions as a friend and an ally.

Few consultants are hired specifically for the child advocacy role, but in their practice consultants provide indirect service, problem-solving, service identification, needs assessment, individual consultation, negotiation between teacher-parent, principal-teacher and parent-board. Within the school system several professionals function as child advocates; the consultant, however, is in a position due to referent and expert power, to effect increasing awareness of social injustices. As for criticisms of the Child Advocacy Model, it is usually attacked for its basic assumption that adults other than the school psychologist are basically antagonistic toward the child (Elliott & Witt, 1986, p. 156). Another weakness is that in its extreme interpretation, the advocacy position seems to imply that the psychologist knows what is best for the child. There is perhaps a tendency to view the Child Advocacy in a limited way with a focus only on the child's rights. Critics argue that parents need to be considered as clients of school psychologists and that parents' rights should not be ignored in the pursuit of the child's rights.

A summary in the form of a comparison of the six models of service delivery of school psychological services appears in Table 1. Table 2 depicts the emphasis placed on the duties of the school psychologists by the six models. In addition to the major duties, a list of emphasis by levels of schooling is included. Considering Table 2 it is apparent

Table 1
Comparison of Six Models on Major Evaluative Dimensions

Model	Clinical Diagnostic	Prevention-Promotion	Social Learning Theory	Organizational Development	Prescriptive Intervention	Advocacy
Client	Child, school	Child, school, family	Child, school	School system	Child, school	Child (parents)
Theory	Abnormal Psychology Personality Theory	Learning Theory. Developmental Theory	Social learning theory	Organizational change	Classroom learning	Democratic Advocacy
Major Assumption	Psychological diagnosis useful to educators	Early intervention and use of psychology can prevent school failure	Behavior can be changed by careful analysis of antecedent, behaviors, and consequences	Behavior is a function of organization	Psychologists must be involved in direct remediation	Children are powerless and psychologists must represent them
Goals	Improve child's functioning	Prevent failure and promote mental health	Reduce behavioral excesses, develop stimulus control	Facilitate communication Facilitate systems growth and change	Mastery of academic and social skills	Secure child's rights including the child's right to learn
Special Methods	Testing to match program, talking therapy	Consultation Education Crisis counseling	Referral of child for behavioral difficulties	Systems analysis and intervention group work	Criterion referenced assessment, psycho-educational therapy	Confrontation mediation

Table 1 (continued)
Comparison of Six Models on Major Evaluative Dimensions

Model	Clinical Diagnostic	Prevention-Promotion	Social Learning Theory	Organizational Development	Prescriptive Intervention	Advocacy
Problem Clarification	Referral of children with possible handicaps	Psychologist initiates may come from referrals	Referral of child for behavioral difficulties	Invitation from system head or psychologist initiated	Referral of failing child	Psychologist initiates or receives referral
Planning	Normative testing interviewing	Observation interview	Observation interview	Organizational assessment	Devise individual plan including subgoals, methods	Identification of child's rights and how being denied
Development	Classification	Problem definition often in consultation (Mental Health)	Description of base rates Consultation (Behavioral)	Organizational assessment	Devise individual plan including subgoals, methods	Identification of child's rights and how being denied
Implementation	Program placement Brief therapy	Intervention often generated from consultation	Select behavioral principles, taught to teachers or others	Select methods for improving system efficiency and facilitate	Teachers implement plan or psychoeducational therapy	Advocacy Mediation

Table 1 (continued)
Comparison of Six Models on Major Evaluative Dimensions

Model	Clinical Diagnostic	Prevention-Promotion	Social Learning Theory	Organizational Development	Prescriptive Intervention	Advocacy
Outcome Determination	Reevaluation	Follow-up interview	Continuous behavioral monitoring	Measure organizational efficiency	Continuous monitoring and periodic evaluation of IEP	Evaluation of child's freedom to learn
Major Criticism	Assessment is not efficient use of time	Difficult to evaluate if prevention successful	Mechanistic and narrow view of children	Activities not sanctioned by school	Poor theoretical base	Subjectivity of school psychologist

Note: This chart was developed with the assistance of J. Harris, Arizona State University.

Taken from "The Delivery of Psychological Services in Schools." Elliott, S. and Witt, J., editors, p. 158-159.

Table 2

Emphasis Placed on Duties of School Psychologists by Six Models

	Clinical Diagnostic	Prevention Promotion	Social Learning	Organizational Development	Prescriptive Intervention	Advocacy
Child study (testing)	++	0	+	-	++	0
Consultation	0	++	+	++	+	0
Intervention	+	+	++	+	++	++
Parent Education	-	+	++	+	++	++
Therapeutic Counseling	+	0	0	-		0
Crisis Counseling	0	+	-	-	0	-
Inservice Education	-	+	+	-	0	
Program Evaluation	-	0	-	++	0	+
Research	0	0	0	+	0	0
Preschool Level	0	+	+	+	0	0
Elementary	+	+	+	+	+	+
Secondary	0	+	0	+	0	+
Higher Education	-	+	-	+	-	-

(Taken from "The Delivery of Psychological Services in Schools." Elliott, S. and Witt, J., editors, p. 161.

that no one model encompasses all of the duties and activities. It is conceivable that depending on the duties involved, a practitioner might assume a different model. For example, in the secondary schools, the child advocacy model may make more sense than the diagnostic or the behavioral consultant model (Elliott & Witt, 1986, p. 162). Most psychologists if asked which model they follow would probably reply that they are eclectic. To be eclectic one must draw from different sources to create something unique. A model serves the function of organizing and prescribing the activities of the school psychologist. It also helps clarify the psychologist's role to others in the school setting, and establishes a framework for service delivery. Although it may be difficult to infer from behavior, all school psychologists are following a model.

Research on Consultation Models in the Schools

To further explore the significance and the impact of the consultation role on the work of the school psychologist, the findings from a number of pertinent research studies will be examined. Twenty-three studies dealing with the consultative role of the school psychologist have been considered (Waters, 1973; Grubb, Petty, & Flynn, 1976; Fine and Poggio, 1976; White & Fine, 1976; Bergan & Tombari, 1976; Medway, 1977; Sandoval, Lambert, & Davis, 1977; Ritter, 1978; Ford & Migles, 1979; Szmuk, 1979; Medway, 1979; Fine, Grantham, & Wright, 1979; Gutkin, 1980; Heron & Catera, 1980; Alpert & Yammer, 1983; Babcock & Pryzwansky, 1983; Bossard & Gutkin, 1983; Bossard & Gutkin, 1984; Dickinson & Adcox, 1984; Cameron, Raethel, & Robinson, 1985; Gutkin,

Clark, & Ajchenbaum, 1985; Smith & Lyon, 1985; Gutkin, 1986). Details of selected studies will be reviewed here.

As an overview of the research in consultation in school psychology, a summary of Alpert and Yammer's (1983) findings will be presented. Alpert and Yammer analyzed research articles published during the last 12 years as to content and methodology utilized in consultation research. They carried out a content analysis of 165 issues of the following journals from 1970 to 1982: 49 issues of Journal of School Psychology, 49 issues of Psychology in the Schools, 57 issues of Professional Psychology, and 10 issues of School Psychology Review (from 1980 to 1982). The three approaches to school consultation (mental health, behavioral, organization development) were included. Research was defined broadly to include case studies, surveys, reviews, evaluation studies, and traditional research methods as well as articles that suggest new methodologies (Alpert & Yammer, 1983, p. 605). In the time frame considered, 132 articles met the criteria. Each article was coded for different categories. Categorizing was done independently by the two authors. Results of the study revealed that of 132 consultation studies, 44 articles (75%) concerned behavioral consultation, 9 dealt with mental health consultation, and 6 focused on organization development. Martin and Meyers' (1980) report of the results of an investigation of the consultation practices of school psychologists, indicate that consultants conceptualize their consultation efforts in a humanistic or behavioristic framework (Alpert & Yammer, 1983, p. 606). Also, Medway (1979) indicates that, at present, the most empirical support is for behavioral consultation. As behavioral techniques are

data based, it is easier to demonstrate their impact. The lack of focus on the mental health consultation model is probably due to the problems of method in research when dealing with psychodynamic techniques.

The primary goals of consultation are remediation and prevention; the primary foci are individual cases and administrative programs. It was found that 63% of the studies focus on individual cases (client-centered case consultation and consultee-centered case consultation); 37% focus on administrative programs (program-centered administrative consultation and consultee-centered administrative consultation). Program evaluation comprises 27% of the consultation. 63% of the studies had remediation as the primary goal. There were surprisingly few studies with prevention as a goal. When subject matter was considered, 39% of the research articles concerned process and outcome; 22% of the articles centered on perceptions and expectations of consultants and consultees; 14% considered research methods or measurement; 13% dealt with pre- or inservice training; 6% focused on consultant and consultee characteristics; 4% were concerned with the roles and functions of consultants and consultee characteristics; 4% were concerned with the roles and functions of consultants and consultees; 3% involved a comparison of two or more consultation models. In view of the percentages most of the research focuses on the question: "Is consultation effective?" The present focus on accountability within school psychology may explain why the majority of studies emphasize goal achievement (Alpert & Yammer, 1983, p. 608).

As to outcome research most change is assessed within the consultees or in combination with client or school. The outcome variables that have been considered span a wide range and include:

a. change in behavior (use of services, cooperation, assertion, implementation of techniques, requests for workshops, disruptive behavior, problem clarification skills, praise)

b. change in attitude (self-esteem, satisfaction, enthusiasm)

c. change in knowledge

d. change in expectations and perceptions.

Some of the process variables that have been considered include consultant style, consultant verbal and nonverbal consultation skills, consultant power, and consultee attitudes. Bergan and Tombari's work (Bergan, 1977; Bergan & Tombari, 1975, 1976) is outstanding in the area of consultant behavior and its impact on consultation outcome. They have developed a system to analyze the verbal communication process that occurs during consultation and indexes of effectiveness for each aspect of the communication process (Alpert & Yammer, 1983, p. 608).

Another variable, the setting for the research studies, was noted. Out of 46 articles in which settings were identified 11% concerned the preschool (kindergarten); 59% concerned elementary school; 28% identified special education as the setting, and 2% concerned a junior high school.

An analysis of the methods of consultation research revealed that 31% of the studies used a source of experimental control. Medway (1979) found that 60% of the school consultation studies he reviewed used control or comparison groups. As for the most frequently used method,

survey questionnaires and baseline studies were equally as common. Also, relatively few studies used sophisticated statistical techniques, although those used may have been appropriate for the data.

Previous to Alpert and Yammer's study Medway (1979) reviewed the results of 29 studies on the effectiveness of school consultation published between 1972 and 1977. 75% of the studies reported one or more positive effects resulting from consultation intervention. Behavioral consultation was found to be particularly effective (Medway, 1979, p. 275). In his survey Medway came to the conclusion that limitations in the methodology of the studies reduced the generality of the findings. These include lack of appropriate experimental control procedures, failure to control for individual consultant and consultee characteristics, infrequent use of multiple dependent measures assessing both attitudinal and behavioral changes, and the absence of follow-up data (Medway, 1979, p. 275). Yet, despite the problems in measuring consultation outcomes, the practice does appear to be effective. Medway wonders if this might be more a function of particular consultant and consultee relationships rather than of underlying theoretical models.

Waters (1973) found support for a consultant model in a study in which the skills of 12 school psychologists were evaluated by 73 school professionals. The respondents were 27 principals and assistant principals, 16 classroom teachers, and 30 counsellors. They completed a questionnaire composed of three sections. The first section asked the respondents to indicate the frequency with which the school psychologist performed a list of ten activities; the second section asked for ratings

of nine school psychologist skills on a four-point scale; the third section contained a few open-ended items such as "What activities, which your psychologist has done in your school, do you consider most valuable?" and "What would you like to have the psychologist do more of than he or she presently does?" The data showed that: a) school psychologists were doing more consulting than assessments of individual children, b) school personnel tended to perceive their psychologists as cooperative, knowledgeable, and skillful, though relatively inefficient and undependable, and c) school personnel preferred consulting activities to psychometric activities (Waters, 1973, p. 40). All three groups (principals, counsellors, and teachers) rated "ability to work with others cooperatively" highest of the skills listed. When an average of the ratings of all nine skills was computed, school counsellors rated the school psychologists highest and classroom teachers rated them lowest. Waters (1973) writes,

> It may be that the anonymity of the teachers in this study, which was not completely possible for the other respondents, enabled them to express less positive evaluations more freely. Also, of the three groups, teachers tend to feel the greatest need for help, insofar as they are faced daily with immediate and often urgent demands; this may tend to make them both more demanding and more difficult to please. (p. 44)

In response to the question "What activities do you consider most valuable?", 25% said individual child study; 59% specified consulting activities. The response to the question, "What would you like to have the psychologist do more of?", 64% of the respondents indicated they wanted the school psychologist to spend more time in their school. Of interest in this study was the finding that only 12% indicated a desire for more testing. At best, these results demonstrate that the school

psychologist can change from an exclusively psychometric role to a consultant model in delivering psychological services and can be accepted and appreciated by school personnel in this role (Waters, 1973, p. 43).

Taking the emphasis on behavioral descriptors as a means of assessing the effectiveness of consultation, Szmuk (1979) proposed a set of behavioral objectives for the consultant role of the school psychologist based on Meyers' Consultation Model. This study was designed to clarify the consultant role by setting specific behavior objectives for performing that role. Another aspect to the research was assessing the degree to which teachers and psychologists agreed upon the desirability of accomplishing such objectives. Lambert (1974) pointed out

> the need to clarify school-based consultation becomes imperative if we are to function in a way in which teachers will perceive consultation as a useful activity from which they can learn how to modify classroom practice and learn more about their professional skills. (pp. 268-269, cited in Szmuk, 1979)

Initially a pilot study was conducted involving 40 school psychologists and 40 teachers from Wisconsin. Eighty-three psychologists (64%) and 120 teachers (46%) responded to a questionnaire in the main study. The key assumptions on which the Meyers' Model is based are:

a. an emphasis on observable behavior

b. an emphasis on extrapersonal causes for behavior

c. reduced time testing

d. indirect service to the child

e. personal contact with school personnel

The consultation strategies include:

a. the consultee is free to accept or reject suggestions

b. de-emphasizing the consultant's contribution (consultation is an interchange between professional colleagues)

c. emphasizing the joint responsibility of consultant and consultee in regard to pupil problems,

Results show that both school psychologists and teachers perceive a difference between the "desired" role and the "actual" role. There were significant differences between teachers' and school psychologists' ratings of the actual role; the school psychologists' ratings were more in favor of the consultation model. Actual activities were rated below desired activities for teachers. There was no discrepancy between what teachers and school psychologists consider the ideal consultant role, but there was a discrepancy between the two in what they perceive to be actually accomplished. Meyers' second level, indirect service to the child, rated high by both teachers and psychologists on the "desired" scale. However, for Meyers' third and fourth level, direct service to the teacher and to the school system, there is less support for the behavioral objectives, especially from teachers. It may be speculated that teachers are willing to take an active part in dealing with children's problems, but are far less willing to have psychologists change the teachers' behaviors (Szmuk, 1979, p. 148). From this study it would seem that the consultant role for the school psychologist can be defined in terms of behavioral objectives. In addition there is evidence to support the fact that this role agrees closely with the

expectations of teachers. Such information contributes to a further step in the definition and evaluation of the actual functioning of the school psychologist.

Grubb, Petty and Flynn (1976) carried out a study entitled "A Strategy for the Delivery of Accountable School Psychological Services." This study is interesting in that it involved an initial evaluation of an existing service, and based on those results, the implementation of a new system of service delivery utilizing a conference model. The purpose of the study was to evaluate psychological services in the Ferndale, Michigan School District of 8000 students (from kindergarten to Grade 12) as to satisfaction with services. Eighteen teachers, representing a group of 400 teachers, took part in a formal evaluation. Informal evaluation was done by interviewing teachers in schools throughout the district. The formal evaluation consisted of: a) teachers' perceptions of currently available psychological services, and b) teachers' rank-ordered preferences for alternative types of services which were not available at the time (Grubb et al., 1976, p. 40). Eighty-three percent of the respondents had used psychological services, and of these 78% indicated that the services had not provided what they wanted. Teachers felt that more follow-up was necessary. Seventy-eight percent of the respondents agreed that the real problem with psychological services was the time lag which could be solved with more psychologists. Teachers dissatisfied with the recommendations made by the school psychologist considered the suggestions as not practical for the classroom. They felt that too much individualized help was required

of the teacher. Other teachers regarded the written psychological interpretations as superficial and vague. The results of this evaluation must be considered with reservation because the formal response sample is so small. In addition, the informal interviewing procedure is not outlined as to numbers of respondents or nature of the results. Nonetheless, the expressed dissatisfaction of the service led to the development of a system designed to bring the teacher and the school psychologist into closer communication. As a first step the teacher filled out a special services conference request form (Grubb et al., 1976, p. 42). Then the school psychologist met with the teacher, and together they formulated a common problem focus as determined by the needs of the child and the needs of the teacher. Next, a plan for dealing with the problem was mutually agreed upon. Most school conferences were held within five to ten days after referral. Rather than testing and writing reports routinely the psychologist spent more time in joint planning with the teachers. Conference report forms which included times, dates, and responsibility were signed. A positive result of this new approach resulted in decreased number of referrals. However, this trend has not been subjected to scientific study. One of the negative aspects of this psychological approach is that the school psychologist has had less direct contact with children which may affect the psychologist's understanding of the child's perception of his own needs. Another problem expressed by the teachers was the lack of time for conferencing. All in all, feedback from teachers and administrators regarding the new delivery system was predominantly positive. The

teachers appreciated the greater personal contact with the school psychologist.

Extended use of the conference model and the significance of psychologist contacts was tested by White and Fine (1976). The effects of three consultation modes, patterned on client-centered case consultation, were assessed. The consultation modes were classified as,

a. Limited Mode, consisting of,
   i. a 20 to 30 minute preassessment teacher psychologist conference
   ii. a study of the referred child including tests and a written report with specific observations and recommendations
   iii. a 40 to 50 minute postassessment interpretative teacher-psychologist conference

b. Moderate Mode which included those aspects of the Limited Mode plus two follow-up contacts of 20 to 30 minutes each in length.

c. Intensive Mode which contained the features of the Limited Mode plus five 20 to 30 minute follow-up contacts occurring approximately one week apart. Six Kansas State certified school psychologists who selected nine cases each made up the test sample. Forty-six teachers and 46 pupils were involved.

Dependent variables were:

a. teacher satisfaction with psychological consultation
b. teacher implementation of the recommendations
c. teacher rating of general behavior change in child
d. teacher perception of teacher-psychologist cooperative planning
e. teacher perception of the psychologist's facilitativeness

f. teacher rating of changes in target behaviors of child

(White & Fine, 1976, p. 130)

Results of this study generally support the position that consultation with follow-up contacts will increase the effectiveness of school psychological services in comparison to consultation that does not include follow-up contacts. Significantly more recommendations were implemented in the Moderate and Intensive Mode groups than in the Limited Mode group. Pupils of teachers in the Intensive Mode group were rated as having shown more improvement in general behavior than were pupils of teachers in the Limited Mode group. However, the Intensive Mode of consultation was not significantly more effective than the Moderate Mode of consultation.

> The consultation model for service delivery in the schools has been found to be positively perceived by teachers (Waters, 1973), to be an effective model for problem identification and clarification (Bergan & Tombari, 1976), to produce effective intervention strategies (Fairchild, 1976; Meyers, Friedman, & Gaughan, 1975), and to facilitate teachers' understanding of children (Tobiessen & Shai, 1971; Tyler & Fine, 1974). (Ritter, 1978, p. 239)

Ritter (1978) reviewed the effects of a school consultation program through an analysis of the referral patterns of teachers over a seven-year period. Eight elementary schools in Rutland, Vermont were the subject of the study. A case consultation model in which teacher and consultant worked collaboratively to improve the functioning of children referred for learning or behavioral problems was adopted. The case model provided for information sharing, classroom observations, psychoeducational assessment, conferences to discuss interventions, and follow-up to determine the effectiveness of recommendations. Referral

patterns from 1969-1975 were analyzed. Results indicated that across all grades, and within each grade level, there was an overall downward trend in the number of children referred. This was most dramatic in the latter three-year period when an average of 57 students were referred as compared to 109 students per year for the initial four-year period. For most grade levels, three to four years of consultation experiences were necessary for referral patterns to decrease meaningfully (Ritter, 1978, p. 144). Ritter states that the consultation process seems to have the effect of helping teachers develop their skills in coping with the difficulties of students without the need for frequent consultation.

"Do consultations interactions result in increased professional skills for the consultee?" was the question posed by Gutkin (1980) in his study of 185 teaching staff. His sample was from 12 schools in a wide range of communities both rural and urban. Each school was served by an advanced school psychology graduate, having at least a master's degree, who served as a consultant for two half days over fourteen weeks. All consultants operated within the Meyers' Model (1973) using a collaborative problem-solving process. The findings of the study revealed that 84% of the teachers felt that it was desirable to have a psychological consultant on staff; 4% found it to be undesirable; 69% of the teachers indicated that they found consultation services to be more effective than the traditional testing role; 16% found it to be equally effective. Most importantly, 81% of the teachers agreed that working along with a consultant would result in improved professional skills; whereas only 6% disagreed with this proposition (Gutkin, 1980, p. 641).

> Contrary to popular assumptions asserting that teachers might have neither the time (Sarason, 1971) nor the motivation (Lambert, 1976) to be active consultees, the questionnaire results indicate that these teachers clearly wanted to work along with consulting school psychologists in the development of treatment strategies (Gutkin, 1980, p. 640).

These findings are very supportive of the consultation model; however, Gutkin urges researchers to collect behavioral as well as attitudinal data to determine if these teacher perceptions are reflected in measurable behavior change.

An example of a study which used goal setting in terms of student behaviors and behavior change after consultation services, was conducted by Dickinson and Adcox (1984). The subjects of the study were 30 elementary school children from 12 schools in Las Vegas, Nevada, grades K-6. These students were referred to the school psychologists or social workers (Master's level) for behavioral or learning problems. Ten psychologist/social workers out of 20 collected baseline data on behaviors and achievement scores on the first three children referred to them. The measuring instruments were pre- and postfrequency counts for behaviors, and the reading, spelling and/or arithmetic pre- and postscores from the Wide Range Achievement Test. Consultation took place within three groups: consultant and teachers; consultant and parents; consultant and students. As for the teachers, consultation consisted of:

a. designing a program for a child with teachers
b. agreeing on the teachers' and psychologists' participation in the program

c. writing or rewriting a contract with the teacher for the students (generally this consisted of the use of contingency contracting between the teacher and student, or the use of social modeling and/or reinforcement procedures) (Dickinson & Adcox, 1984, p. 338).

d. supplying reading and background materials

e. modifying the program when appropriate

Consultation with the parents consisted of:

a. clarifying the child's problem

b. explaining the school's program

c. utilizing a parent-student contract

d. follow-up content.

In consultation with the student, the school psychologist worked directly with children in developing student contracts. The time spent on each consultation activity was analyzed. All children received consultation and were given the opportunity to make a satisfactory adjustment in the regular classroom. Results indicated that there was a positive relationship between total consultation time and student outcomes on learning problems, but there was no significant relationship between total consultation time and the accomplishment of objectives for behavioral problems (Dickinson & Adcox, 1984, p. 341). Through consultation service, the average student objective for learning problems was achieved to 85% of the criterion; the average objective for behavioral problems was achieved to 82% of the criterion during a ten-week period. Reading problems showed the largest percentage of change toward an objective (91%) (Dickinson & Adcox, 1984, p. 340). Generally, it was found that a large number of children who received consultation

services experienced behavioral and academic gains in a short period of time. Time spent with teachers and total consultation time had a positive effect on the attainment of achievement objectives only. In contract, the time spent in specific activities had no relationship to program outcomes where behavioral problems were concerned. Such a finding may indicate that some children change rapidly with a minimum of time invested by a school psychologist.

Unlike most studies of psychological service, this particular program was evaluated by the change in the children referred for services rather than by the activities of the consultant. A criticism of this study might be that there was no comparison group to evaluate alternate methods of treatment.

According to Alpert and Yammer's (1983) review of the research on consultation as a psychological service in schools the Behavioral Consultation Model was the most popular and most widely researched. But in 1983 a study done by Babcock and Pryzwansky concluded with a collaboration model receiving the highest rating. Three professional education groups made up of 34 elementary school principals, 43 special education teachers, and 38 second grade teachers from two school systems were asked to rate their preference for four models of consultation offered by school psychologists. The four approaches included expert or behavioral consultation, medical consultation, mental health consultation (Caplan, 1970) and collaboration (Pryzwansky, 1977). A modification of a questionnaire originally developed by White (1978) describing each of the four approaches was used.

> To gather information relative to ratings at particular stages of consultation, each respondent rated the degree to which a particular model of consultation was preferred with respect to: a) the goal of consultation, b) problem identification, c) intervention planning, d) intervention implementation, and e) follow-up. The resulting instrument included 20 statements, each describing one of four models at one of the five stages of consultation. (Babcock & Pryzwansky, 1983, p. 362)

The research context was a simulation wherein a hypothetical situation, involving both academic and behavioral problems, was used as a reference in responding to the twenty items. Respondents were asked to rate each statement as to their agreement with its content on a numerical scale ranging from (1) definitely do not agree to (5) definitely agree. A multivariate repeated measures analysis on the data revealed that the collaborative approach received the highest mean rating (4.2), followed by the medical model (3.5), mental health model (3.2), and the expert approach (2.4) (Babcock & Pryzwansky, 1983, p. 362).

Collaboration ratings at each stage when compared to the other three approaches were significantly higher except for the difference between the ratings of collaboration and the medical model at stage 5 (follow-up) which was not significant. The mental health model received higher ratings at the first two stages of consultation; the medical model's ratings at the last three stages were significantly higher. In considering the limitations of this study, the fact that the consultation approaches here have been conceptualized as unidimensional must be acknowledged. Most school psychologists would argue that actual consultation approaches are multidimensional and include aspects of several models. Another limitation of such a research project is that

the data collected in a simulation-type study may not predict how the respondents might react to a specific consultation model in actual practice. Only two studies report preferences based on direct experience with an approach. In both teachers expressed a preference for collaboration versus a medical model (Coleman, 1976; Wenger, 1979) (Babcock & Pryzwansky, 1983, p. 361). Yet theoretically, the results of the study which ought not to be ignored or discounted, favor a collaborative approach. Possible meaning gleaned from this is that such an approach appeals to a significant group of educators. With this in mind, in actual practice, an initial general assumption of a collaborative set, on the part of the school psychologist, may hold a higher probability of success than any other. However, if a collaborative model is to be considered for implementation in the schools, a change in time allocation may be required. The time required for joint planning and follow-up evaluation would affect the emphasis which might be given to other aspects of the school psychologist's role, such as assessment (Babcock & Pryzwansky, 1983, p. 364).

Still, in spite of the efforts of researchers to gather evidence to prove the superiority of one consultation model over another, other researchers and practitioners claim that the characteristics of the consultant are key to the success of the consultation process. The importance of the consultant's personal characteristics as factors in the success of the consultation process has been considered by many researchers. One focus has been on the consultant's skill and expertise (Alpert, 1976; Bergan & Tombari, 1976; Dinkmeyer & Dinkmeyer, 1976; Kratochwill & Bergan, 1978; Martin, 1978). A second focus has been on

personality factors and self-awareness (Alpert, 1976; Fine, Nesbitt, & Tyler, 1974; Lynch & Lombardi, 1976; Schowengerdt, Fine, & Poggio, 1976). A third focus in the literature has been on the consultant's attitudes and expectations (Alpert, 1976; Lambert, 1976). Bergan and Tombari (1976) found that consultant variables had their greatest impact on the problem-solving process at the problem identification phase. Their study, based on an analysis by four field supervisors of the work of 11 psychologists serving a sample of 806 children from kindergarten to grade three, revealed that consultants who were successful in identifying problems were able to solve those problems. Also, the efficiency of the consultant in responding to referrals, as well as the flexibility in his application of psychological principles contributed significantly to problem identification.

When Fine and Poggio (1976) studied which psychologist and teacher variables were related to teacher satisfaction with school psychological consultation, the facilitative characteristics (empathy, congruence, positive regard) variable stood out as the best predictor of teacher satisfaction. In this study the consultative experience was defined as the referral-child-study-report paradigm of psychological service. The case-centered approach (Caplan, 1970) is the most frequent mode of psychological consultation in schools (Fine & Poggio, 1976, p. 117). Seventy-two psychologist-teacher pairs of questionnaires were analyzed. Results indicated that years of teaching experience and years of psychological experience, as well as the facilitative characteristics of the psychologist accounted for 65% of the variance when predicting

teacher satisfaction. Interestingly, in Fine and Poggio's (1976) study, the finding was that the more teaching experience a teacher has the more likely he is to be satisfied with school psychological consultation. In contrast, as cited earlier in this chapter, Gilmore and Chandy (1973) found that more experienced teachers tended to be dissatisfied with the psychologist role in that veteran teachers' expectations seemed to be high in comparison to novice teachers. Another finding in Fine and Poggio's (1976) study was that the more educated a teacher became the less likely he was to be satisfied with school psychological consultation. This study also found that total time spent and number of contacts with the psychologist were among the least statistically significant variables for predicting teacher satisfaction. Such results contradict the findings of Tyler and Fine (1974) who reported significant relationships between teacher satisfaction with consultation and amount of time and number of contacts with the psychologist.

Factors apart from consultant characteristics have been examined as to their impact on the effectiveness of consultation in school psychology. One such factor is the consultees' perceptions of variables relating to the outcomes of school-based consultation. Gutkin (1986) attempted to study the subjective perceptions of consultees as they related to certain assumptions about school-based consultation. In practice, a school psychologist's effectiveness as a consultant often is mediated as much or more by the subjective perceptions of a consultee as by objective reality (Gutkin, 1986, p. 375). The subjects of the study were 191 teachers from 24 different public and parochial elementary and junior high schools. Twenty-four consultants, one in each school,

worked through the Meyers' Model of consultation utilizing Level II (indirect service to children), Level III (direct service to teachers), and Level IV (services to the organization).

Gutkin (1986) hypothesized that consultees' subjective perceptions of remedial, preventive, and overall outcomes of consultation interactions would be positively related to their perceptions of:

a. how well they understood the consultation process
b. their interest in being actively involved along with a consultant in the development of remedial plans
c. the consultant's communication (i.e. process) skills
d. the consultant's knowledge of psychological principles (i.e. content skills)
e. the consultant's enthusiasm.

The responding teachers, a 75% response sample, answered a Consultation Feedback Questionnaire. An analysis of the results indicated that both consultants' content and process skills, as perceived by consultees, were consistently related to consultees' perceptions of outcomes. It was found that consultants' perceived enthusiasm made a significant contribution when predicting consultees' satisfaction with remedial programs generated from consultation interactions. However, consultants' perceived enthusiasm did not contribute to predicting whether consultees felt they had improved professional skills as a function of consultation contacts, or their overall ratings of consultants' effectiveness (Gutkin, 1986, p. 379). Consultees' stated understanding of consultation processes did not

predict consultees' satisfaction with remedial programs but did predict preventive and overall ratings. Of interest, the number of contacts with consultants was not substantially related to consultees' perceived satisfaction with consultation services. This finding is in agreement with that of White and Fine (1976).

Bossard and Gutkin (1983) conducted another exploratory study which focused on the impact of consultant skill, school organizational climate, and principal leadership behavior on teachers' use of consultation services. In this study ten elementary schools with a total teaching staff of 158 were provided with 10 consultants for two half days a week for 14 weeks. Each consultant was a school psychology graduate having course work in: a) consultation theory including problem solving, behavioral and mental health consultation techniques; b) special education; c) practicum in behavior management techniques; d) developmental psychology; and e) psychopathology of childhood and adolescence. The consultants worked in a collaborative resource mode with all school personnel who voluntarily approached them for assistance (Gutkin, 1983, p. 51). Independent variables for this study were consultant skill and the organizational characteristics of each participating school. Consultants were rated on the Consultant Observational Assessment Form (COAF) (Curtis & Anderson, 1975). The organizational characteristics of each school were assessed using The Organizational Climate Description Questionnaire (OCDQ) (Halpin & Croft, 1963). This measure was specifically designed for use in school systems. It also provides an openness score. To measure each principal's behavior The Leader Behavior Description Questionnaire

(LBDQ) (Halpin, 1966) was used. The LBDQ contains an Initiating Structure subscale and a Consideration subscale with reliabilities which are .93 and .86, respectively (Gutkin, 1983, p. 52). Halpin explains,

> Initiating Structure refers to the leader's behavior in delineating the relationship between himself and members of the work-group, and in endeavoring to establish well-defined patterns of organization, channels of communication, and methods of procedure. Consideration refers to behavior indicative of friendship, mutual trust, respect, and warmth in the relationship between the leader and the members of his staff. (p. 86)

The dependent variable was the actual usage of consultation services by teachers in each school. Data analyses indicated that consultant skill and principal leadership behavior, may, together have a substantial influence on whether teachers make use of school-based consultation services. Seventy percent of the variance was attributable to the independent variables of consultant skill, consultant perceptions of principal's consideration, and consultant perception of principal's initiating structure. Due to the small number used in this study results should be viewed as exploratory findings. In this investigation consultant skill accounted for most of the variance as to teacher use of consultation services.

> The data concerning leadership behavior and its relationship to the use of consultation services indicate that school psychologists need to pay close attention to principals and their leadership styles when attempting to establish themselves in a consultation role. (Bossard & Gutkin, 1983, p. 54)

Results of this study suggest that an open atmosphere in a school is more conducive to the use of consultation services than a more closed, autocratic-type organization. Perhaps the ultimate facilitator

in the consultation process is the principal (Bossard & Gutkin, 1983, p. 55).

It is generally acknowledged that the effectiveness and course of school-based consultation is dependent on a complex combination of factors (Gutkin, Clark, & Ajchenbaum, 1985). Current research is increasingly addressing organizational factors. Earlier, Sarason (1971) wrote of the need to examine organizational phenomena when trying to understand the behavior of school personnel. He argues that

> In many situations it is likely that one can predict an individual's behavior far better on the basis of knowledge of the social structure and his position in it than one can on the basis of his personal dynamics. (Gutkin, Clark, & Ajchenbaum, 1985, p. 230)

A variety of studies support the hypothesis that organizational factors affect the consultation process and outcomes. Research has found that open climate schools are most receptive to consultation services (Bossard & Gutkin, 1983, 1984; Kuehnel, 1975).

In order to demonstrate the impact that the organization of a school can have on the functioning of a school psychologist, Gutkin, Clark, and Ajchenbaum (1985) did a comparative case study of two different schools. One school was described as somewhat divided in its general philosophy between traditional, authoritarian approaches and progressive orientations. The other school was characterized by a more common philosophy and open climate. The study describes how two equally skilled consultants are required to function quite differently in order to be considered effective by their respective school staff. Each consultant had to mold the consultation model so they could "meet the system where it's at" (Gutkin et al., 1985, p. 234). Sensitivity to

organizational factors appears to be an important determinant of success in school-based consultation.

Studies of the school psychologist as consultant are relatively few and recent (1976-1986). However, this new emphasis on the role of the school psychologist is increasingly receiving endorsement. In light of this, the present study will be addressing the following questions:

1. Do different teaching groups' needs vary significantly in terms of the services of the school psychologist?
2. In what areas do the teaching groups indicate satisfaction with school psychological services?
3. Related to dissatisfactions, do any of the teaching groups advocate change in the current role of the school psychologist?

CHAPTER THREE

Research Methods and Procedures

General Objective

The purpose of this study was to survey samples of the professional teaching groups who work in the Edmonton Catholic Elementary Schools as to their perceptions and opinions of the role of the school psychologist. The study focused on (1) how these teacher groups perceived the functions of the school psychologist, and (2) what kinds of functions did the teachers and administrators think the school psychologist should be performing in order to meet the current needs of elementary students and teachers.

The Sample

The groups surveyed included principals, vice-principals, counsellors, special education teachers,and teachers representing three levels: (a) early childhood education, (b) primary grades of one to three, and (c) upper elementary grades of four to six. At the time of the survey the total population of administrators, counsellors, and teachers working in the elementary schools was 470. Four hundred questionnaires were sent out to a sample that had been selected using systematic sampling in that all principals, vice-principals, and counsellors were selected as well as every fifth teacher from each

school's staff. Additional teachers who were known to the investigator were selected to ensure a large representative sample. Fifty-five elementary schools received between 5 and 10 questionnaires, each depending on the size of the teaching staff. A covering letter addressed to the principal included the names of the teaching staff who were selected to respond to the questionnaire. Respondents were asked to return the questionnaire within a two-week period. The number of responses totalled 195. This represents 41.48% of the target population. The number of respondents representing the different groups are as follows:

Early Childhood Teachers	(12)	32% of their group
Primary Teachers Grades 1 to 3	(51))	26% of their group
Elementary Teachers Grades 4 to 6	(37))	
Principals	(44)	100% of their group
Vice Principals	(18)	40.9% of their group
Resource Room/Special Education Teachers	(20)	45.4% of their group
Counsellors	(13)	100% of their group

The Questionnaire

The format of the questionnaire included an introductory general information section which requested five types of information: (1) the teacher's professional position in the school, (2) the section of the city in which their school is located, (3) the years of teaching experience, (4) the present grade levels with which they are involved, and (5) the approximate number of referrals for the psychologist's services that the staff member has made during the school term. The main body of the questionnaire contained 15 questions and an item which

was an invitation for personal comments relating to the improvement of psychological services within the district. Seven of the 15 questions asked respondents to rank order or priorize their choices from 1 to 5 with number 1 being the highest priority. Another six questions asked the respondent to select one out of a possible 3 to 6 choices. Two questions required a "yes" or "no" response.

The format of the questionnaire was condensed by computer reduction to fit on to both sides of a single sheet of 8 1/2 by 11 inch yellow paper. The apparent brevity of the survey, as well as a covering letter indicating that the estimated time required to complete the questionnaire was between 10 and 15 minutes, was designed to facilitate a significant response. The fact that the questionnaires were to be returned through the school secretary and interschool mail, also contributed to a good return.

Analysis of Data Methods

In order to analyze the responses in the questionnaire, data presented by the seven professional teaching groups was compiled separately. For the seven questions with rank-order responses, choices selected by each group for each item was noted for rank, order, and frequency of selection. The choices for each question for each professional group were ordered from 1 to 5 with number 1 being the highest priority and most frequent choice. For the six questions which involved making a choice from three categories percentage responses were calculated.

Analyzing the data in this way would demonstrate any similarities and differences as to perceptions among the seven professional groups. In addition, school staffs' priorities in terms of special needs related to the age and developmental level of the children with whom the teacher was working, could be elucidated. Hopefully, the needs of special staff such as administrators, special education teachers, and counsellors could become apparent.

The information gathered from questions involving rank ordering of choices has been represented in eight tables. Data from the other questions are presented as percentage responses and comparisons are featured for the seven professional groups. These appear in six additional tables. Individual responses from the personal comment question will appear in the appendix.

CHAPTER FOUR

Results

Sample Characteristics

The 195 respondents to the survey included the following groups:

45.13% elementary teachers of grades 1 through 6
22.57% principals (kindergarten through grade 6)
9.23% vice-principals
10.26% resource room and special education teachers
6.67% elementary school counsellors
6.14% early childhood teachers

Table 3 on depicts the years of experience in education for each group. The early childhood teachers are the least experienced group with 41.7% in the range of 4 to 8 years of experience. Vice-principals, resource room teachers and principals have the most experience. Ninety-five percent of the vice-principals have 13 or more years of experience. Seventy-five percent of resource room teachers have over 20 years of experience. Ninety-seven percent of principals have over 13 years of experience.

Number of Referrals

The average number of referrals to the school psychologist for the year surveyed, for elementary teachers, resource room, and special education teachers was between 1 and 3. Counsellors averaged 10 to 15

Table 3 Years of Teaching Experience

Teaching Group	Years of Experience				
	1-3 yrs.	4-8 yrs.	9-12 yrs.	13-20 yrs.	over 20 yrs.
a) Early Childhood Teachers	--	41.7%	33.3%	16.67%	8.3%
b) Primary Teachers (grades 1-3)	--	30.0%	--	40.0%	11.8%
c) Elementary Teachers (grades 4-6)	--	22.9%		40.0%	34.3%
d) Principals (K-6)	--	--	--	44.0%	53.0%
e) Vice-Principals (K-6)	--	--	--	94.7%	
f) School Counsellors	--	--	--	69.0%	31.0%
g) Resource Room Teachers	--	--	25.0%	--	75.0%
h) Special Education Teachers	25.0%		33.3%	25.0%	--

referrals, and principals averaged 7 to 10 referrals that year. The higher number of referrals made by counsellors and principals reflect their roles as consultants and leaders in the schools.

Reasons for Referrals

Results of the survey as to the most frequent reasons for referrals selected by each teaching group are depicted in Table 2. Intellectual assessment was the primary reason for referral by all teaching groups except for early childhood teachers who chose intellectual assessment as their number 2 reason for referral. This group differed from the others in that they selected social/emotional assessment as their primary reason for referral. This suggests that for children around the age of five years, their social/emotional adjustment in the school setting is paramount. Four out of seven professional groups (resource room and special education teachers, school counsellors, principals, and vice principals) chose as their number 2 reason the re-evaluation of student abilities. In the case of the remaining groups, teachers of primary grades of 1 to 3 selected social/emotional assessment as their number 2 reason for referral. Behavior management was a greater concern of teachers working with grades 4 to 6 students. For most teaching groups, behavior management of students was a high priority for referral in that five out of seven groups stated it as their number 3 reason for referral. Interestingly, only the elementary school counsellor group did not select behavior management as a priority referral reason.

Table 4 "MOST FREQUENT REASONS FOR REFERRALS"

Priority Rankings from 1 to 5

Reasons for Referral	Different Professional Groups within Total Sample						
	E.C.S. Teachers	Primary Teachers Grades 1-3	Elementary Teachers Grades 4-6	Principals K-6	Vice-Principals K-6	Resource and Special Ed. Teachers	Elementary School Counsellors
A. Intellectual Assessment	2	1	1	1	1	1	1
B. Social Emotional Assessment	1	2	4	4	4	4	4
C. Behavior Management	3	3	2	3	3	3	
D. Re-Evaluation of Student Ability		4	3	2	2	2	2
E. Curriculum Adjustment	4		5		5	5	3
F. Change of Class Placement	5	5					5
G. Consultation				5			

Perhaps this is explained by the fact that counsellors have some expertise in this area and do not request much assistance from psychologists. The category of curriculum adjustment was selected as the fifth reason for referral by upper elementary, resource room, and special education teachers, as well as vice-principals. For early childhood teachers it was their fourth priority for referral to the school psychologist. School counsellors chose curriculum adjustment as their third most popular reason for referral. Change of class placement was the number 5 reason for referral for the following groups: early childhood teachers, primary teachers of grades 1 to 3, and school counsellors. Consultation as a reason for referral to the school psychologist was selected by only one group--school principals. This was seen as a fifth priority. A possible explanation for the other teaching groups avoiding "consultation" may be that they think they need more information requiring assessment, placement, and normative data. Another explanation might be that the other teaching groups feel that they do not need to consult with a school psychologist about a student because they understand the student's situation but would like some additional information related to specific information processing areas affecting the student.

Information gathered as to the estimated percentage of referrals that result in formal assessment revealed that 75% of early childhood teachers indicated that 90-100% of their referrals received assessment. Sixty-six percent of special education teachers stated that 90-100% of their referrals received formal assessment. Sixty-one percent of the

school counsellors indicated that their referrals were likely to result in assessment at least 90% of the time. As for primary teachers of grades 1 to 3 and vice principals, 47% stated that 90-100% of their referrals received assessment. When it came to resource room teachers, 41.8% indicated that their referrals had 90-100% chance of being formally assessed. Thirty-six to thirty-eight percent of upper elementary teachers and principals stated that their referrals would fall into the range of 80-90% received formal assessment.

Value of Consultation

Addressing the issue of the value of consultation with the school psychologist prior to formal assessment, survey results appear in Table 5.

To summarize, early childhood teachers appear to value consultation with the school psychologist somewhat more than other teaching groups. This is possibly a reflection of their task of discovering and developing many aspects of the young child in the school environment. At this age there is very little documented educational information on each child. The teacher relies on input from parents, other specialists if necessary, and the teacher's observation and experience with each child on a daily basis. In this context, these teachers probably welcome the expertise of the school psychologist. In addition, early childhood teachers were the least experienced of the groups surveyed. As for upper elementary teachers and resource room teachers 50% of them valued the consultation service "all of the time". Fifty percent of the

Table 5 Consultation Prior to Referral

Teaching Group	Value of the Consultation		
	All of the time	Some of the time	Seldom
a) Early Childhood Teachers	58.0%	41.0%	1.0%
b) Primary Teachers	41.2%	43.1%	15.7%
c) Elementary Teachers	50.0%	50.0%	0.0%
d) Principals	40.9%	52.3%	6.8%
e) Vice-Principals	17.6%	76.5%	5.9%
f) School Counsellors	30.8%	61.6%	7.6%
g) Resource Room Teachers	50.0%	25.0%	25.0%
h) Special Education Teachers	25.0%	58.4%	16.6%

upper elementary teachers valued the consultation service "some of the time". A greater percentage of vice-principals, counsellors, and special education teachers valued the consultation service "some of the time" rather that "all of the time" prior to an assessment. For all of the teaching groups except resource room teachers, 83 to 100% of the group members valued consultation prior to assessment as a valuable service in "some" to "all" of their referred cases.

Services Provided by the School Psychologist

Table 6 illustrates the priority rankings from 1 to 5 (1 being the highest priority) of the seven teaching groups as to the top five services provided by the school psychologists which are most relevant to the educational needs of these groups. At this point a comparison will be made between the data presented in Table 4 and that in Table 6. For the early childhood teachers, two responses shifted. Behavior management concerns moved up from number 3 position to number 2 as a service considered most relevant to this group's needs. In fifth place, "enrichment for gifted students" replaces "change of class placement". When the principals' groups' responses were compared as to most frequent reasons for referrals and services considered most relevant, only one category changed. "Consultation with the school psychologist" was replaced by "curriculum adjustment" as a fifth priority. Vice-principals' responses as shown in Table 6, differed from the data presented in Table 4 in that "social/emotional assessment" was cited as

Table 6 "SERVICES CONSIDERED MOST RELEVANT TO EACH GROUP'S NEEDS"

Priority Rankings from 1 to 5

	Different Professional Groups within Total Sample						
Most Relevant Services	E.C.S. Teachers	Primary Teachers Grades 1-3	Elementary Teachers Grades 4-6	Principals K-6	Vice-Principals K-6	Resource and Special Ed. Teachers	Elementary School Counsellors
A. Intellectual Assessment	3	1	1	1	1	2	1
B. Social/Emotional Assessment	1	2	4	4	3	4	4
C. Behavior Management	2	3	2	3	4		5
D. Re-Evaluation of Student Ability		4	3	2	2	1	2
E. Curriculum Adjustment	4		5	5	5	3	3
F. Change of Class Placement		5					
G. Consultation						5	
H. Gifted/Enrichment	5						

the third most important service although it had been listed as the fourth most frequent reason for referral. Also, "behavior management concerns" moved down from third to fourth priority. When asked the question of which services provided by the school psychologist were most relevant to the school counsellors' needs, this group indicated that "behavior management services" were considered fifth. Surprisingly, behavior management had not been mentioned previously as a reason for referral by the counsellor group. At first glance this may appear to be a contradiction of priorities. However, a possible reason for this might be that counsellors have access to such information from psychologists via other means such as inservices and informal consultations rather that through formal referrals.

The group whose responses shifted the most when "most frequent reasons for referrals" was compared to "services considered most relevant to each group's needs" was the resource room/special education teachers. "Re-evaluation of student abilities" replaced "intellectual assessment" as a service considered most relevant to this group's needs. Such a shift in emphasis raises questions. Another thought-provoking change is that behavior management concerns which were selected as the number 3 reason for referrals by resource room/special education teachers were not selected within the top five as services considered most relevant to that teaching group. Is it that the behavior concerns are important but not considered relevant to the primary task of special instruction? Or, are the behavior management concerns of rather high priority but the services provided by the school psychologists

inadequate in terms of meeting the teacher-student needs? For resource room/special education teachers, a change also occurred in the fifth priority selected. Curriculum adjustment was replaced by consultation as a service most relevant to resource room/special education teachers' needs.

Parent and Case Conferences

Considering the service of consultation, responses to the question "How often are you included in the post-evaluative parent conference?" are illustrated in Table . The highest percentage of all groups surveyed fell into the category of "some of the time" with from 20% to 58% of the groups being represented. Early childhood teachers were most highly represented. Vice-principals and school counsellors were in second place in this category. In the category of "all of the time", early childhood teachers were the largest group represented with 16.6%. Resource room teachers and vice-principals followed with 14.2% and 12.5% respectively. Principals were least represented. The classification of involvement in post-evaluative conferences "most of the time" was most highly represented by 30.8% of the school counsellors and 25% of the principals. Vice-principals, resource room and special education teachers were least represented in this category. When it came to the "seldom included" in post-evaluative parent conferences, 33.3% of the special education teachers were the largest group represented. Principals and resource room teachers followed with 31.8% and 28.6% represented. The group least common to this category were the vice-

Table 7 Involvement in Post-Evaluation Parent Conferences

Teaching Group	Percentage of the Group				
	All of the time	Most of the time	Some of the time	Seldom	Never
a) Early Childhood Teachers	16.6%	--	58.0%	15.4%	10.0%
b) Primary Teachers	10.4%	18.8%	20.8%	22.9%	27.1%
c) Elementary Teachers (4-6)	8.6%	14.3%	34.3%	20.0%	22.9%
d) Principals	4.5%	25.0%	34.1%	31.8%	2.6%
e) Vice-Principals	12.5%	6.3%	39.5%	2.5%	18.7%
f) School Counsellors	7.7%	30.8%	38.4%	15.3%	7.7%
g) Resource Room Teachers	14.2%	--	28.6%	28.6%	28.6%
h) Special Education Teachers	8.3%	--	33.3%	33.3%	2.5%

principals, with 2.5% of their group represented. In the category of "never being included" in post-evaluative parent conferences, 28.6% of resource room teachers, 27.1% of the primary teachers, and 22.9% of the elementary teachers were representative of the largest groups. It is surprising that these groups who are most closely involved in the everyday education of the children feel left out of post-evaluative conferences with parents.

Table 8 illustrates the most helpful services provided by the school psychologists through case conferences and consultations. The services cited are as follows:

(1) encouragement and support in dealing with special cases

(2) greater understanding of learning disabilities

(3) information about individual education plans

(4) information about child development

(5) greater understanding of gifted children

For six of the seven teaching groups, the most helpful services were priorized in relatively the same order. Principals, early childhood, resource room, and special education teachers priorized the services exactly as they appear in the list above. Vice-principals differed slightly in that they interchanged the service of information about child development as the number 3 priority with the service of information about individual educational plans as the number 4 most helpful service. Primary teachers of grades 1 to 3 and school counsellors priorized the services in the same order. They varied from the majority by interchanging the second and third priority with

Table 8 "MOST HELPFUL SERVICES PROVIDED BY THE SCHOOL PSYCHOLOGIST THROUGH CASE CONFERENCES AND/OR CONSULTATIONS"

Priority Rankings from 1 to 5

Services Provided by the School Psychologist	Different Professional Groups within Total Sample						
	E.C.S. Teachers	Primary Teachers Grades 1-3	Elementary Teachers Grades 4-6	Principals K-6	Vice-Principals K-6	Resource and Special Ed. Teachers	Elementary School Counsellors
A. Encouragement and Support in Dealing with Special Cases	1	1	2	1	1	1	1
B. Greater Understanding of Learning Disabilities	2	3	1	2	2	2	3
C. Information about Indivisual Educational Plans	3	2	4	3	4	3	2
D. Information about Child Development	4	4	3	4	3	4	4
E. Greater Understanding of Gifted Children	5	5	5	5	5	5	5

"information about individual educational plans" as number 2 and "greater understanding of learning disabilities" as number 3. Elementary teachers of grades 4 to 6 differed the most from the other groups in their selection of most helpful services. Their order of priority is as follows:

(1) greater understanding of learning disabilities

(2) encouragement and support in dealing with special cases

(3) information about child development

(4) information about individual educational plans

(5) greater understanding of gifted children

To the question "In what ways would you see consultation with the psychologist as being of benefit to you?", five of the seven teaching groups consistently responded with the same order of priority. Their responses are depicted in Table 9. Except for vice-principals and counsellors, all other groups declared the benefits to them in the following order of priority:

(1) clarification of a problem

(2) obtaining additional relevant information

(3) obtaining interim resources and techniques to alleviate the problem

(4) determining if a formal psychological assessment is needed

(5) receiving reassurance that the present approach is appropriate to the problem in question

Table 9 BENEFITS OF CONSULTATION WITH THE PSYCHOLOGIST

Priority Rankings from 1 to 5

Benefits	Different Professional Groups within Total Sample						
	E.C.S. Teachers	Primary Teachers Grades 1-3	Elementary Teachers Grades 4-6	Principals K-6	Vice-Principals K-6	Resource and Special Ed. Teachers	Elementary School Counsellors
A. Obtaining relevant information	2	2	2	2	2	2	2
B. Clarifying the problem	1	1	1	1	1	1	1
C. Interim resources and techniques to alleviate the problem	3	3	3	3	4	3	3
D. Determining if formal assessment is required	4	4	4	4	3	4	5
E. Receiving reassurance that the present approach is appropriate	5	5	5	5	5	5	4

Inservices

Data gathered on the areas of need for inservicing by the school psychologist is shown in Table 10. Forty to fifty percent of every group chose the area of learning disabilities as the number 1 priority. Four groups (primary teachers, upper elementary, resource room/special education teachers, and vice-principals) selected emotional problems of students as their number 2 priority. Three groups, which included early childhood teachers, principals, and school counsellors indicated that behavior problems was their number 2 priority for inservice. When it came to priority number 3, both primary and elementary teachers as well as vice-principals chose behavior problems. Early childhood teachers, principals, and counsellors selected emotional problems as their third priority. If these two areas are considered together, analysis indicated that behavior and emotional problems rank second or third in priority as an area of need for inservicing for six of the seven teaching groups. Resource room and special educators, however, have chosen motivation of students as a high priority. The nature of the resource room program per se could explain the relative lack of concern over behavior problems because students with such problems are usually ineligible for the program unless they are receiving special counselling help for their problems concurrent with attendance in the program. Other possible reasons for the special education teachers placing a lower priority in the area of inservicing regarding behavior problems are that these teachers have some special training in behavior management and modification. They also have access to some community

Table 10 "PERCEIVED AREAS OF NEED FOR INSERVICING BY THE SCHOOL PSYCHOLOGIST"

Priority Rankings from 1 to 5

Areas of Need for Inservicing	Different Professional Groups within Total Sample						
	E.C.S. Teachers	Primary Teachers Grades 1-3	Elementary Teachers Grades 4-6	Principals K-6	Vice-Principals K-6	Resource and Special Ed. Teachers	Elementary School Counsellors
A. Learning Problems (Disabilities)	1	1	1	1	1	1	1
B. Behavior Problems	2	3	3	2	3	4	2
C. Emotional Problems	3	2	2	3	2	2	3
D. Motivation	4	4	4	4	4	3	4
E. Giftedness/Enrichment	5	5	5	5	5	5	5

support services designed for students with special needs. In addition, the students for these classes are carefully screened. More recently, however, increasing numbers of special needs students from hospital and other special programs are being accommodated in the public school system. Specialists working in the school system report that the teachers are calling for more information and support in managing these students.

The number 4 priority area for inservicing was "motivation" for all teaching groups except special education teachers who rated motivated as their third priority. "Information on student giftedness and enrichment" was the number 5 priority selected by all groups surveyed.

The Psychological Report

Four questions that were part of the survey on the role of the school psychologist focused on the written psychological report. Information gathered through these questions will be presented here. Table 11 illustrates the responses to the question "Does the psychological report meet the teacher-student needs?" A summary of the data reveals that the primary teachers of grades 1 to 3 and the school counsellors were the most satisfied with the psychological reports. Seventy percent of the primary teachers and 76% of the school counsellors indicated that the psychological reports met their needs between 80 to 100% of the time. Both 50% of the principals surveyed and 50% of the early childhood teachers stated that the psychological

Table 11 Does the Psychological Report Meet Teacher-Student Needs?

Teaching Group	Percentage of the Time					
	90-100%	80-90%	70-79%	60-69%	59-59%	less than 50%
a) Early Childhood Teachers	25%	25%	25%	16.6%		8.3%
b) Primary Teachers (grades 1-3)	42%	28%	16%		14%	
c) Elementary Teachers (grades 4-6)	--	25%	31%	14%	--	14%
d) Principals	24%	26%	31%		19%	
e) Vice-Principals	13%	27%	40%		27%	
f) School Counsellors	46%	30%	15%		8%	
g) Resource Room Teachers/ Special Education Teachers	15%	20%	30%	10%	10%	15%

reports met their needs 80 to 100% of the time. Resource room and special education teachers were least satisfied with the psychological reports. Thirty-five percent of this group claimed that the psychological report met their needs 80 - 100% of the time. Such information raises questions about the special needs of this group.

Of the possible information present in the psychological report, an illustration of the types of information considered most important appears in Table 12. The following five areas were selected as the most important and useful. In order of priority, for the majority of the seven teaching groups they are:

(1) explanations of a child's learning problems

(2) detailed descriptions of a child's intellectual strengths and weaknesses

(3) Specific descriptions of programs for remediation

(4) detailed descriptions of a child's emotional strengths and weaknesses

(5) list of additional resources specific to the child's emotional and educational needs.

Further analysis of the data shown in Table 10 reveals that 57.14% of the teaching groups chose (a) explanations of a child's learning problems as the number 1 emphasis in the psychological report; 42.86% selected (b) specific description of programs for remediation as their number 1 emphasis; 57.14% chose (c) detailed descriptions of a child's intellectual strengths and weaknesses as their number 2 emphasis in the psychological report. From the data represented, it is quite clear that detailed and specific information regarding the aforementioned areas is much preferred to general information.

Table 12 INFORMATION PRESENTED IN THE PSYCHOLOGICAL REPORT

Priority Rankings from 1 to 5

Emphasis in the Report	Different Professional Groups within Total Sample						
	E.C.S. Teachers	Primary Teachers Grades 1-3	Elementary Teachers Grades 4-6	Principals K-6	Vice-Principals K-6	Resource and Special Ed. Teachers	Elementary School Counsellors
A. Explanations of a child's learning problems	3	1	1	1	4	1	3
B. Specific programs of remediation	1		3	2	1	5	1
C. Detailed descriptions of child's intellectual strengths and weaknesses	2	3	2	3	2	2	4
D. Detailed descriptions of child's emotional strengths and weaknesses	4	2	4	4	5	3	5
E. List of additional teaching resources			5	5	3	4	2
F. General descriptions of a child's intellectual strengths and weaknesses		4					

Table 13 illustrates to what extent each teaching group used the information presented in the psychological report. Resource room teachers stood out in that 67% of them indicated that they used the information "all of the time", and 25% used the information "most of the time". This accounted for 92% of that group. Early childhood teachers ranked second in use of the report with 33.3% using it "all of the time" and 58% using it "most of the time", accounting for 91.3% of that group. Elementary school principals placed third with 62% indicating that they made use of the information "most of the time". The teaching group making the least use of the psychological report were the upper elementary teachers of grades 4 to 6. Forty-eight percent of that group used the report "some of the time" to "seldom". This group represents 13% more than any other group. Vice-principals place second with 35% selecting the categories "some of the time" and "seldom". A factor which may explain why such a large percentage of elementary teachers do not always use the information in the psychological report is that at the grade four level most students with special learning difficulties are accommodated in the resource room program. Another possible explanation for the lack of implementation of recommendations is the fact that upper elementary teachers are faced with increased curriculum expansion. As a result, they have limited time and resources to address the special learning problems of individual children.

An additional question related to the use of the psychological report is that of requests for assistance from the school psychologist in implementing recommendations. Table 14 depicts the responses. Other than the primary and upper elementary teachers, most groups fell into

Table 13 Use of Information in the Psychological Report

Teaching Group	Utilization of Information			
	All of the time	Most of the time	Some of the time	Seldom
a) Early Childhood Teachers	33.3%	58.0%	28.0%	11.0%
b) Primary Teachers (grades 1-3)	17.0%	50.0%	28.0%	5.0%
c) Elementary Teachers (grades 4-6)	--	51.0%	37.0%	11.0%
d) Principals (K-6)	--	62.0%	21.0%	12.0%
e) Vice-Principals (K-6)	12.0%	47.0%	35.0%	--
f) School Counsellors	5.0%	50.0%	25.0%	5.0%
g) Resource Room Teachers/ Special Education Teachers	67.0%	25.0%	8.0%	--

Table 14 Implementation of Psychological Recommendations: Requests for Assistance

Teaching Group	Requests for Assistance			
	All of the time	Most of the time	Some of the time	Seldom
a) Early Childhood Teachers	--	10.0%	50.0%	40.0%
b) Primary Teachers (grades 1-3)	3.09%	6.25%	37.5%	54.16%
c) Elementary Teachers (grades 4-6)	--	5.72%	--	48.57%
d) Principals	--	22.7%	54.5%	22.7%
e) Vice-Principals	5.9%	--	52.9%	41.2%
f) School Counsellors	7.7%	--	53.8%	38.5%
g) Resource Room Teachers	--	14.29%	71.42%	14.29%
h) Special Education Teachers	--	--	50.0%	50.0%

the category "some of the time". Five of the seven teaching groups indicated that 50 to 54% of each group requested help from the school psychologist "some of the time". Resource room teachers were highlighted as 71.42% reported that they requested assistance "some of the time". Of the groups reporting "most of the time", principals were in the highest percentage at 22.7%. Resource room teachers were second at 14.29%.

Between 40 and 50% of five out of seven groups indicated that they "seldom made requests in implementing recommendations. This survey did not explore reasons for requesting or not requesting assistance; therefore, only speculations can be offered as to the responses. Speculations might include the following:

a) recommendations were clearly understood, thus no need to ask for assistance.

b) psychologist was not readily accessible for requests.

c) teachers had no extra time to pursue the psychologist in order to make requests.

Changes in the Role of School Psychologists

The respondents in this study were asked to consider changes in the role of the school psychologist as would be reflected in a change in his or her responsibilities. Table 15 illustrates the priority rankings for each teaching group. Consolidation of the data for all groups resulted in the following order of priority of responsibilities:

1. That the school psychologist be involved in team planning and follow-up of remediation plans.

Table No. 15 "PERCEIVED CHANGES IN ROLE OF THE SCHOOL PSYCHOLOGIST AS REFLECTED IN RANK ORDER OF HIS/HER RESPONSIBILITIES"

Priority Rankings from 1 to 5

	Different Professional Groups within Total Sample						
Emphasis in the Report	E.C.S. Teachers	Primary Teachers Grades 1-3	Elementary Teachers Grades 4-6	Principals K-6	Vice-Principals K-6	Resource and Special Ed. Teachers	Elementary School Counsellors
A. Provide Team Planning/ Follow-up of Remediation Plans	1	2	1	1	1	1	1
B. Provide Group Inservices on Learning and Emotional Problems	4	3	2	3	5	3	2
C. Provide for More Consultation and Less Formal Testing	3	5	4	4	3	2	3
D. Provide for More Counselling with Individual Students	2	1	3	2	2	4	5
E. Intellectual Assessments as Dictated by Traditional Role	5	4	5	5	4		4

2. That the psychologist be involved in more counselling with individual students.

3. That the psychologist provide for group inservices on learning and emotional problems.

4. That the psychologist engage in more consultation and less formal testing.

5. That the psychologist conduct intellectual assessments as dictated by the traditional role.

An analysis of the responses of the individual groups as to the three most important responsibilities of the school psychologist reveals that school counsellors as a group chose (1) team planning and follow-up of remediation plans, (2) group servicing, and (3) consultation and less formal testing. Primary and upper elementary teachers and principals chose counselling for students ahead of consultation with the school psychologist. Vice-principals differed from all other groups in placing the responsibility for providing group inservices on learning and emotional problems as a fifth priority.

Further analysis of group choices as to the three primary responsibilities of the school psychologist are shown in Table 16. For all groups, 71% to 85% of each group selected "team planning and follow-up of remediation plans". In the cases of primary and elementary teachers 78% favored "counselling with individual students" as one of the top three priorities of preferred responsibility. "Counselling with individual students" was selected by the second largest group of respondents--55 to 78% of all groups except school counsellors. "Providing for group inservices on learning and emotional problems" was the third most popular choice. A much smaller percentage of all groups

Table 16 RESPONSIBILITIES OF THE SCHOOL PSYCHOLOGIST AS RECOMMENDED BY DIFFERENT TEACHING GROUPS

Responsibilities of the School Psychologist	Professional Teaching Groups						
	E.C.S. Teachers	Primary Teachers Grades 1-3	Elementary Teachers Grades 4-6	Principals K-6	Vice-Principals K-6	Resource and Special Ed. Teachers	Elementary School Counsellors
1. Engage in team planning and follow-up of remediation plans	83%	71%	77%	80%	78%	85%	77%
2. Engage in more counselling with individual students	58%	78%	78%	75%	67%	55%	23%
3. Provide for group inservices on learning and emotional problems	58%	55%	62%	52.3%	--	65%	77%
4. Engage in more consultation and less formal testing	50%	--	46%	43%	50%	65%	62%
5. Conduct intellectual assessments as dictated by the traditional role	17%	29%	11%	22.7%	22%	--	31%

Note: Percentages represent that portion of the group selecting the area of responsibility as one of the top 3.

(11 to 31%) selected "conducting intellectual assessments" as one of the three primary responsibilities of the school psychologist.

Summary of Results

These results appear to contradict data presented earlier in Tables 2 and 4 which show that intellectual assessment was the number 1 reason for referral for all groups except early childhood teachers. Intellectual assessment or re-assessment was the number 1 psychological service considered most relevant to each group's needs. Traditionally, the referral system has been "test oriented" with the focus on intellectual ability. In the questions concerning "reasons for referral" and "most relevant services", "team planning" and "counselling with students" were not presented as choices. "Consultation" was included as a choice but was selected only by the principals as a fifth priority. The third most popular reason for referral of students was for behavior management problems. In terms of formal assessment 60-75% of early childhood and special education teachers and counsellors reported that 90-100% of their referrals resulted in assessment. Thirty-six to 47% of primary, elementary, and resource room teachers, principals, and vice-principals claimed that 90-100% of their referrals resulted in assessment. As for consultation with the school psychologist, more early childhood teachers valued consultation "all of the time" than any other teaching group. Elementary teachers of grades 4 to 6 were the second largest group to favor consultation either "all

psychologist, more early childhood teachers valued consultation "all of the time" than any other teaching group. Elementary teachers of grades 4 to 6 were the second largest group to favor consultation either "all of the time" or "some of the time". Vice-principals, counsellors, and special education teachers were well represented in the category of "consultation some of the time". The service most relevant to the needs of every group, except early childhood teachers, was "intellectual assessment". Early childhood teachers were most often included in the post-evaluative parent conference with the school psychologist. Special education, resource room, primary and upper elementary teachers, as well as principals, made up the largest group to "seldom" or "never" be included in the post-evaluative parent conference. Overall, the seven teaching groups rated the following as the three most helpful services provided by the school psychologist in a case conference:

a) encouragement and support in dealing with special cases

b) greater understanding of learning disabilities

c) information about individual education plans.

The majority of respondents indicated that consultation was of most benefit to them in these three areas:

a) clarification of a problem

b) obtaining additional information

c) obtaining interim resources and techniques to alleviate the problem.

As for inservicing needs, 40 to 50% of every teaching group chose learning disabilities as the number 1 priority. Four out of seven groups selected emotional problems as the number 2 priority for

six out of the seven groups. Resource rooms and special education teachers chose motivation of students as a higher priority.

Concerning the psychological report, primary teachers (grades 1 to 3) and elementary school counsellors were the most satisfied. Seventy to seventy-six percent claimed that the reports met their needs. Resource room and special education teachers were the least satisfied with 35% of that group indicating that the psychological report met their needs 80 to 100% of the time. The types of information most desired in the psychological report were:

a) explanation of a child's learning problems

b) specific descriptions of programs for remediation

c) detailed descriptions of children's intellectual strengths and weaknesses.

Resource room and early childhood teachers made the most use of the psychological report. Upper elementary teachers revealed that they, as a group, made the least use of the report.

The issue of changes in the role of the school psychologist was addressed. For the seven teaching groups the overall order of priority of desired responsibilities performed by the school psychologist were:

1) team planning and follow-up of remedial plans

2) counselling with individual students

3) group inservicing on learning and emotional problems

4) consultation

Individual groups varied somewhat in the order of priority. Resource room and special education teachers selected consultation as their number 2 priority. School counsellors and early childhood

teachers chose "consultation" as their number 3 priority. Primary and upper elementary teachers, and principals selected "counselling for students" as a higher priority than "consultation". A much smaller percentage of all groups surveyed (11-31%) chose "conducting intellectual assessments" as one of the top three responsibilities of the school psychologist.

How do these research findings relate to the questions which prompted the study? To research question number 1, Do different teaching groups' needs vary in terms of the services of the school psychologist?, early childhood teachers' needs differed somewhat from other groups. Rather than the service of general intellectual assessments, more early childhood teachers requested social/emotional assessments for their students as a number 1 priority. Primary teachers of grades 1 to 3 also rated the social/emotional adjustment of their students as a high priority. As for inservicing needs, resource room and special education teachers varied from the others in that "the motivation of students in their classrooms" was within their top three areas of concern. For all other teaching groups "learning problems (disabilities)", "emotional and behavioral problems" were the three primary areas of need for inservicing. Resource room, special education, and primary teachers stated that they wanted detailed information on the emotional strengths and weaknesses of children presented in the psychological report. Other teaching groups emphasized obtaining descriptions of programs for remediation in the psychological report. Primary and elementary teachers, principals, and vice-principals expressed a need for the school psychologist to do more

counselling with individual students. Early childhood, resource room, and special education teachers, as well as counsellors chose consultation as a second or third priority area of responsibility for the school psychologist.

Responses related to research question number 2, "In what areas do the teaching groups indicate satisfaction with school psychological services?", most groups were satisfied with the relatively prompt response of the psychologists to referrals. Primary teachers reported that the school psychologists are very helpful but were not clear as to how.

Addressing research question number 3, "Related to dissatisfactions, do any of the teaching groups advocate changes in the current role of the school psychologist?", results show that, in general, teaching groups would like more time to consult and plan with the school psychologist. Teachers, especially elementary teachers of grades 4 to 6, would like to see more detailed, clear analysis of learning disabilities and other learning problems to be followed by specific recommendations. Several groups requested more practical classroom solutions and follow-ups. For some groups the psychological reports were lacking. Seventy to seventy-six percent of primary teachers and counsellors indicated that the reports met their needs. On the other hand, resource room and special education teachers stated that they were the least satisfied with the information in the psychological report. Yet, 67% of that group indicated that they used the information in the report "all of the time". As for changes in the role of the

school psychologist, the majority of all teaching groups, except for the vice-principals, advocated that the following responsibilities replace the traditional role of conducting intellectual assessments:

1. involvement in team planning and follow up of remediation plans
2. group inservicing on learning and emotional problems
3. counselling with individual students
4. more consultation and less formal testing.

CHAPTER FIVE

Discussion and Conclusion

The present study on the role of the school psychologist focused on the needs of seven teaching groups involved with elementary school children. This needs survey addressed the teaching groups' perceptions of the services provided by the school psychologist, as well as their view of the ideal services they would like the school psychologist to provide. The study concentrated on consumer needs for, rather than dissatisfactions with, school psychological services. However, responses indicating both satisfactions and dissatisfactions are presented in the form of personal comments in the appendix. The results of this study conducted in the Edmonton Catholic Schools support several of the findings of previous studies.

Comparison of Findings to Previous Studies

Teachers in this study expressed a need for more follow-up activities and practical suggestions for the classroom teacher in dealing with the needs of children. These needs and a request for more time for counselling with the school psychologist were endorsed in both the Grubb, Petty, and Flynn Study (1976) and the White and Fine Study (1976). The present study supports Roberts (1970) findings that

teachers want psychologists to spend more time as therapists, mental hygienists, and educational programmers.

The Manley and Manley Study (1978) which surveyed 75 school superintendents found that the traditional school psychologist's goal of conducting individual testing was less important than acting as an internal consultant or resource person. Hughes (1979) discovered that superintendents and directors of student services agreed that psychologists should spend less time in assessment activities and more time in parent education, inservice training, and mental health consultation. Teaching groups in this study advocated that the psychologists be involved in inservicing, more consulting, and counselling. Elementary principals, in particular, favored an increase in counselling services. Lesiak and Lounsbury (1977) also found that elementary school principals rated highly the psychologist's role as a counsellor to parents, and as a liaison between community and school. In contrast to these findings, Landau and Gerken (1979) claimed that studies up to 1979 indicated that administrators favored the assessment role of the school psychologist. However, as early as 1973, Waters' Study revealed that teachers wanted less testing and more consulting by the school psychologist. Later studies including the present Edmonton study supported an expanding role for the school psychologist. In Senft and Snider's Study (1980) elementary school principals agreed that the psychologists were most helpful when they were providing the traditional services of intellectual, emotional, and personality assessment, as well as screening and consultation. Bowen's (1981) research also found that

teachers would like the psychologist to do more counselling. Another study by Abel and Burke (1985) which surveyed 170 regular classroom teachers and 115 special education teachers revealed that they had a conservative view of school psychological services. Diagnosis/evaluation and report writing activities were valued as the primary responsibilities of school psychologists. Even though these consumers placed a high priority on traditional evaluation services, they recommended hiring more psychologists to increase consultation services. In contrast to the present study, Abel and Burke (1985) found that teachers did not value the expertise of the psychologist in terms of knowledge of classroom situations. Special education teachers especially, wanted less involvement with the school psychologist. On the other hand, special education teachers in the Edmonton Catholic Schools expressed a need to work more closely with the psychologist in team planning for the unique needs of special students.

Several studies cited earlier support the role of the school psychologist as consultant. Ritter's (1978) research on the decline of referrals over a 7-year period with the introduction of a consultant model adds further support. Both Szmuk (1979), using behavioral objectives based on Meyers' Consultation Model, and Gutkin (1980) found strong support for a consultation model of delivery for school psychological services. Dickinson and Adcox (1984) collected behavioral data on 30 elementary school children who had received consultation services to demonstrate that the children experienced behavioral and academic gains in a short period of time.

The findings of the present study concerning consultation as part of the role of the school psychologist are somewhat perplexing. In the early part of the questionnaire which addresses "reasons for referrals" and "services considered most relevant to teachers' needs" the service of consultation was not selected among the top four priorities. Intellectual assessment, behavior management concerns, and re-evaluation of students' abilities were chosen as the three priorities. However, responses to the question at the end of the survey which asked in what ways could the role of school psychologist best meet the needs of students and teachers, favored increased consultation activities. Between 43 and 65% of all groups surveyed, excluding primary teachers, chose "more consultation and less formal testing" as one of their three priorities for change. "Conducting intellectual assessments as dictated by the traditional role" was selected as a fourth or fifth priority by six of the professional groups. The largest groups represented were elementary school counsellors (31%) and primary teachers (29%) selecting the traditional role as one of the top three preferred functions of the school psychologist. Primary teachers did not select "consultation" per se as a preferred responsibility of the school psychologist. Yet, they rated "counselling with individual students, team planning and follow-up of remediation plans, and group inservices" as their three priorities of responsibility for school psychologists. It should be noted that the latter two involve aspects of consultation. "Consultation" was not chosen as the first priority by any one group, but resource room, and special education teachers selected "consultation" as their number 2 priority. Vice-principals and counsellors chose "consultation" as their

number 3 priority. It must be noted that trying to make a distinction between the choices "team planning and follow-up of remediation plans" and "consultation" is not really valid in that "team planning and follow-up" are part of the consultation process. With this in mind, 71 to 85% of all groups chose "team planning" as the number 1 priority of responsibility for the school psychologist. In an attempt to understand why the service of conducting intellectual assessments would be rated so highly by most teaching groups as "most relevant to their needs" in working with children, a possible explanation could be that teachers are most familiar with this service and the information it provides. "Consultation" as listed early in the questionnaire is general, and perhaps vague. At the end of the survey consultation activities are described more specifically in terms of team planning, follow-up, and group inservices which usually involve an exchange of ideas. Presented in this manner the various teaching groups could perhaps envision more clearly, the role of consultation.

Unique Characteristics of This Study

This study differed from the others reviewed in the following ways:

1. A larger variety of teaching groups were surveyed. The special needs of early childhood, primary, upper elementary, and special education teachers were highlighted. School principals, vice-principals, and counsellor needs were also addressed.

2. The content and benefit of case conferences received specific consideration.
3. The content and use of the psychological report was explored directly as to the needs of different teaching groups.
4. Areas of inservice valued by each of the teaching groups were considered.
5. Respondents were asked to priorize specific responsibilities of the school psychologist in order to discover whether consumer groups were in favor of any change.

Limitations of the Study

In terms of participation in the survey, some teaching groups were relatively underrepresented. Early childhood, primary, and upper elementary teachers represented 26-32% of their groups. However, it is believed that they form an adequate representation of their respective population within the Edmonton Catholic Schools.

All questions in the survey were forced choice questions except for the last one which invited personal comments. If the additional category of "other" had been included as a choice for half of the questions, different, or at least additional information may have been obtained.

The factors of teaching experience and training were not considered in relation to specific aspects of this study as has been done in some other studies. Teaching experience served only as a descriptor of the population surveyed.

In addition, this survey could have addressed the area of dissatisfactions more directly and specifically. However, the question which asked for comments as to how to improve psychological services within the district resulted in some expressed dissatisfactions as well as new directions for service.

Also, in terms of counselling as a desired responsibility of the school psychologist, there may be confounding data in that schools with no counsellor may be expressing views that shift the data somewhat.

Specific Issues

The issue of the psychologist conducting intellectual assessments must be addressed. All teaching groups except early childhood teachers ranked this service as "most relevant to their needs". Early childhood teachers chose social/emotional assessment and behavior management as higher priorities. It appears that their concerns are related more to the social adjustment of the young child to the school environment than to his/her intellectual abilities. Results of this study indicate that for all other teaching groups intellectual assessments are a valuable source of information. Nevertheless, all groups are open to considering consultation activities as a high priority in terms of role change for the school psychologist. Resource room, and special education teachers were in favor of more consultation activities (number 2 priority). In the "comment" section of the study requests for more consulting (conferencing) time were widespread through all teaching groups.

Focusing on the psychological report, resource room and special education teachers were unique in that they indicated they used the information in the psychological report more than any other groups. Yet, they were the most dissatisfied with the reports. This group is asking for more specific, detailed information on individual learning styles and learning problems. Their requests include a need for ideas on curriculum adjustment and individual learning plans. In addition special education teachers have expressed a need for more detailed knowledge of a child's intellectual and emotional strengths and weaknesses.

Another area in need of examination for resource room, special education, and elementary teachers is the post-evaluative parent conference. The purpose of this conference is for the significant adults involved with the child to meet to pool information and resources in a concerted effort to best meet the child's educational and personal needs. This survey revealed that a small percentage (5-16%) of most teaching groups were included in post-evaluative parent conferences "all of the time". Early childhood teachers were the largest group represented. In the categories of "seldom included" 28-32% of resource room teachers, and 23% of upper elementary teachers were represented. This data highlights the need to develop a model and a procedure which accommodates those most directly involved in the education of the child. Personal comments by these groups emphasize their desire for more conferences with the school psychologist -- diagnostic and follow-up.

Another area of expressed need endorsed by all teaching groups surveyed was inservicing. Information on "learning disabilities" was

the number 1 priority for all groups. The number 2 priority for 4 out of 7 groups (primary, upper elementary, resource room and special education teachers, vice principals) was "emotional problems of children". "Behavior problems" was the number 3 area of priority for inservicing by the school psychologist. Resource room and special education teachers differed from all other groups in that they expressed a need for inservicing on the topic of "motivation of students with learning problems".

Informal responses from school psychologists indicate that they feel qualified to provide inservices in the following areas:

a) learning disabilities

b) some learning strategies

c) child development

d) emotional problems

e) exceptional children

Psychologists report that they are able to program limited time to conduct such inservices.

In Edmonton Catholic Schools behavior management resource counsellors usually have the responsibility to provide inservices on behavior management.

Criticisms by teachers of the information provided by school psychologists in the areas of learning, emotional, and behavior problems are that the information provided is not specific or practical enough to the individual classroom situation. Responses from this study point to a need for a bank of practical, educational strategies specific to each

of the areas of learning, emotional, and behavior problems. There is indication that school psychologists need to educate themselves further in these areas as well as in the field of motivation. The Alberta Response Centre, under Alberta Education, makes inservice packages available to teachers and supervisors on the following topics:

a) learning disabilities

b) behavior disorders in schools

c) educating gifted and talented students.

General Issues

There is some indication in this study that the role needs of the school psychologist vary somewhat with the particular teaching groups requesting service. Each group is involved with the child at a different developmental stage, and in an individual way. For example, early childhood teachers work with pre-school-age children whose developmental needs are in some ways unique to that group. Some of these children struggle with separation anxiety and adjustment to a new social group and educational environment. Therefore, the needs of early childhood teachers centre around child development and social adjustment issues. They rely on observations of the child as he faces new tasks as a means of understanding his development and progress. At times early childhood teachers require the observations of trained professionals to assist them in understanding a child's behavior.

Primary teachers are also concerned with the social-emotional adjustment of their students. These teachers speak of the adjustment

difficulties many of the grade one students experience as they adapt to a full day in the classroom. In grade one, teaching the skill of reading is a major focus. Teachers' concerns with regard to psychological services are predominantly the assessment of intellectual abilities and the diagnosis of special learning problems or developmental delays. At times teachers will access the services of the school psychologist to assist the teacher in dealing with the emotional problems of the students who experience learning difficulties. Primary teachers more than any other teaching group have a need to access the school psychologist in the role of "tester". Why is this so? It is in the first three grades that the child is challenged to learn the basic skills in reading and mathematics. When a child is not learning at a rate within the "normal range" teachers and parents want to understand why the child is lagging in his progress, and what can be done to help him. For these reasons primary teachers seek the professional expertise of school psychologists and reading consultants to obtain additional information which will either support their original diagnosis or lead to a new understanding of a child's learning problems. In addition teachers request more information from those specialists in terms of teaching strategies and special programs designed to meet the needs of these students. The information provided by school psychologists and reading consultants assists the teacher in explaining to parents the nature of their child's difficulties. In this study primary teachers have expressed the need for more counselling for children and for more practical suggestions for teaching children with learning and emotional

problems. Upper elementary teachers also indicated that they need more information on learning and emotional problems. This was their number 1 priority in terms of perceived changes in the role of the school psychologist as a provider of inservices in those areas. Team planning to meet the special needs of students as well as follow-up conferences to evaluate the impact of the plans were expressed needs of elementary teachers.

Principals and vice-principals, as a consumer group, supported the need for consulting and follow-up by the school psychologist. These administrators often have the task of trying to solve multidimensional problems involving students, their learning disabilities or behavioral problems as well as family problems. Being in a supervisory position and a position of leadership, these administrators are asked to consider all variables and propose a plan of solution that is satisfying to all concerned. Throughout this survey principals and vice-principals have emphasized the need for more counselling services for individual students. Both groups see the responsibility of team planning as a number 1 priority in a proposed change of role for the school psychologist.

Resource room and special education teachers expressed the need for help with individual education plans, programs of remediation for specific learning problems, and motivation of their students. These teachers strongly support the consultation role of the school psychologist.

Responses in this study demonstrate that the teaching groups surveyed value the expertise of the school psychologist. Teachers,

administrators, and counsellors feel that the school psychologist has special knowledge and instruments specific to intellectual abilities and disabilities, stages in child development, and emotional/behavioral problems. Comments from several groups advocate increasing the number of psychologists in order to allow them to consult to conduct inservices, and to write more detailed reports containing specific remediation plans for students.

As to changes in the role of the school psychologist, 71% to 85% of the membership of all teaching groups indicated that they would like the psychologist to be involved in team planning and follow-up activities. This is consultation. In addition, 50% to 65% of the membership of six teaching groups, excluding primary teachers, indicated that they would like the school psychologist to engage in more consultation and less formal testing.

In view of the support for an expanding role to include more consultation, educational planning, and inservice activities, the educational training of the school psychologist will have to be broadened. It is recommended that university programs include the following areas of study:

a) methods and instruments in intellectual, visual-perceptual, emotional, and social assessment

b) child and adolescent development

c) exceptional children and their learning styles

d) learning disabilities

e) learning strategies for all children

f) behavior disorders and classroom strategies

g) counselling theory and practicum

h) family systems theory

i) consultation: models and process.

Gallessich (1982) outlines a curriculum for a university level course in the practice of consultation in her book "The Profession and Practice of Consultation".

A Consultation Model of Delivery for School Psychological Services

> Initially, school psychologists located emotional disturbance, retardation, and learning problems within the child rather than within materials, expectations, relationships, and classroom structure. As time passed, work with exceptional children produced evidence that those with learning and behavioral problems performed much better with the use of different teaching methods and classroom structure. Gradually the focus shifted from the inner characteristics of the child to the aspects of the child's environment, educational, cultural, and familial (Kaplan, 1985, p. 319).

Kaplan has described the developmental model within which the role of the school psychologist has expanded. Reflecting back on the functions of the school psychologist as set out by the National Association for School Psychologists, both psychologists and consumers of psychological services must accept the diversity of the role. Another reality is that the role of consultation in the practice of school psychology has consistently expanded during the past ten years (Smith & Lyon, 1985). As discussed earlier, the impetus for increased time in consultation comes not only from school psychologists, but also from consumers of psychological services. Evidence of this has come

from the present study. Smith and Lyon's (1985) nationwide study in the United States of 225 school psychologists which compared responses from an earlier study done in 1981-82, revealed a significant increase in both the actual amount of time spent in consultation and the amount of time desired for consultation. Smith and Lyon (1985) reported that there was overall satisfaction with the profession compared to the 1981-82 results.

Taking into account the expressed needs of the teacher groups in this study, the theory of consultation models, and the limited research findings as to the impact of consultation models, a Prevention-Promotion (Mental Health) Model of service delivery refined for school psychologists by Joel Meyers (1973) is proposed here. As has been discussed in Chapter 2, Meyers' Model of consultation encompasses the essentials of all other models. An outgrowth of Caplan's (1970) original Mental Health Model it incorporates both the individual/organizational dimension and the preventive/remedial emphasis. Thus, it has breadth of scope and focus. It is a model designed to magnify the influence of the school psychologist which is a most desirable goal in the educational system where resources are limited, or stretched to their limits. Meyers' Model provides a framework for addressing most issues that impinge on a student's life, as well as the "significant others" who influence his progress in school. This model fosters a diversity of role in that the school psychologist may function as model, teacher, resource, collaborator, and encourager. To reiterate, Meyers' Model includes four levels of functioning: 1) direct service to the child; 2) indirect service to the

child; 3) direct service to the teacher; and 4) service to the school system. Level 1 corresponds to the Diagnostic or Clinical Model; level 2 to the Social Learning or Behavioral Model; level 3 to the Prescriptive-Intervention Model; and Level 4 incorporates the Organizational Model of consultation. The key assumptions of Meyers' Model are: 1) emphasis on observable behavior and extrapersonal causes; 2) reduced time testing; 3) indirect service to children with an emphasis on preventative rather than curative approaches; 4) personal contact with school personnel (Meyers, 1973, p. 7). These assumptions concur with the needs expressed by the teaching groups in this study. Teachers want psychologists to: 1) spend more time observing students in classroom settings in order to provide more information on extrapersonal factors influencing learning and behavior; 2) spend less time testing and more time consulting; 3) conduct inservices that will fortify teachers to deal more effectively with learning, emotional, behavior, and motivation problems as they arise; to suggest practical teaching and behavior modification strategies to use in the classroom; and 4) take time to meet personally, in conference, with teachers and/or parents. Meyers' methods include diagnostic interviewing techniques, task analysis, and behavior modification which are in agreement with the expressed needs of teachers in this study. The process strategies of Meyers' Model of consultation which are: 1) freedom to accept or reject any recommendation; 2) de-emphasis of the consultant's contribution; 3) interchange between colleagues; and 4) joint responsibility for solving

problems, coincide with a collaborative approach to consulting which has received support in the research literature.

Although Meyers' Model of consultation appears to be congruent with the expressed needs of the elementary teaching groups in this sample, attention must be directed to the "modus operandi" of implementation of such a model. Current research is increasingly addressing the influence of organizational factors on the successful implementation of consultation models of school psychological services. Gutkin, Clark, and Ajchenbaum's (1985) comparative study of two different schools illustrates this point. These researchers concluded with the statement that "each consultant had to mold the consultation model so they could 'meet the system where it's at'" (Gutkin et al., 1985, p. 234). The extensive writings of Gallessich (1982) and Maher (1985) have addressed this issue. Maher (1985) in his research article entitled "Implementing School Psychological Service Programs: Description and Application of the Durable Approach," outlines a step-by-step procedure that can be used by school psychologists to facilitate the implementation of a new program or model into an organization. DURABLE is an acronym for a strategy consisting of a seven-phase approach: 1) Discussing, 2) Understanding, 3) Reinforcing, 4) Acquiring, 5) Building, 6) Learning, 7) Evaluating. Discussing refers to meetings with concerned staff who are both directly and indirectly involved with the program implementation to consider a) program purpose, goals, and objectives; b) nature and scope of the methods, materials, and activities to be utilized in the program; c) relevant timelines and dates for program operation; and d) staff supervision procedures (Maher,

1985, p. 82). During the understanding phase information about organizational readiness for implementation of a new model is considered. In this phase the focus is on identifying program elements that require further development such as additional staff training and policy guidelines. The reinforcing phase refers to activities designed to reinforce model or program implementers for fulfilling their prescribed roles and responsibilities. Activities such as writing memos of appreciation and public posting to recognize program implementation performance are examples of reinforcers. The acquiring phase focuses on the important conditions necessary for the new model or program to operate. These include a) the written description of purpose, goals, and objectives and their communication to others, b) the provision of appropriate training, c) the ordering of materials and renovation of facilities, and d) the procurement of sanctions for policies, and budget (Maher, 1985, p. 83). The building phase refers to building cooperative working relationships with those who are to implement the model or program. In the learning phase implementers strive to improve the performance of their roles and to identify staff who need to become more knowledgeable. The final stage of evaluating attempts to determine to what extent the model has been implemented. Methods used to gather information include staff interviews and surveys, on-site observation, and permanent product review (Maher, 1985, p. 84).

In conclusion, the words of Ysseldyke express so well the dynamics and complexity of the role of the school psychologist,

> The behavior of a school psychologist is to a certain extent determined by that individual's personal characteristics, attitudes, beliefs, knowledge base, competencies, and experience. It is also determined in part by the demands and characteristics of the environment in which one is employed. Yet, at the same time, the behavior of school psychologists influences (changes) both the environment in which they work and their own personal characteristics. (Ysseldyke, 1986, p. 48)

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APPENDIX A

EDMONTON CATHOLIC SCHOOL DISTRICT NEEDS ASSESSMENT
OF PSYCHOLOGICAL SERVICES

INTRODUCTION: In order to better meet your needs, when referring students for Psychological Services, the Department of Student Services requests your cooperation in completing this questionnaire.

I. GENERAL INFORMATION - Please indicate

1A. Your position in the school:

a) Principal ___ b) Vice-Principal ___ c) Special Ed. Teacher ___

d) Resource Teacher ___ e) Teacher ___ f) E.C. Teacher ___

g) Counsellor ___

1B. Section of the city in which your school is located:

a) West ___ b) East ___ c) North ___ d) South ___

2. Years of teaching experience:

a) 1 to 3 years ___ b) 4 to 8 years ___ c) 9 to 12 years ___

d) 13 to 20 years ___ e) over 20 years ___

3. Present grade levels with which you are involved:

a) Kindergarten to grade 3 ___ b) Grades 4 to 6 ___

c) Grades 7 to 9 ___ d) Kindergarten to grade 9 ___

4. Approximate number of referrals for psychological services that you made this year:

a) 0 ___ b) 1 to 3 ___ c) 4 to 6 ___ d) 7 to 10 ___

e) 10 to 15 ___

II. NEEDS ASSESSMENT

5. Most frequent reason for referrals: Please mark in order of priority from 1 to 8:

a) Intellectual assessment ___
b) Giftedness/Enrichment ___
c) Behavior Management ___
d) Social/Emotional Assessment ___
e) Consultation Only ___
f) Curriculum adjustment (individual programming) ___
g) Change of class placement ___
h) Re-evaluation of students' abilities ___

6. Which of the following services do you consider most relevant to your needs? In order of importance from 1 to 8.

a) Intellectual assessment ___
b) Giftedness/Enrichment ___
c) Behavior Management ___
d) Social/Emotional Assessment ___
e) Consultation Only ___
f) Curriculum adjustment (individual programming) ___
g) Change of class placement ___
h) Re-evaluation of students' abilities ___

7. Estimate what percentage of your referrals result in a formal psychological assessment being completed by the psychologist.

a) 100% ___ b) 90 to 95% ___ c) 80 to 90% ___ d) 70 to 79% ___

e) 50 to 69% ___ f) Less than 50% ___

8. Do you perceive a consultation with the school psychologist prior to referral as a valuable service to you?

a) All of the time ___ b) some of the time ___ c) Seldom ___

9. Have you ever participated in a case conference with the psychologist and other consultants after your referral has been acted upon?

Yes ___ No ___

10. If you have participated in a such a case conference, what have you found most helpful? Please priorize from 1 to 5.

a) Information about child development ___
b) Information about educational programming ___
c) Greater understanding of learning disabilities ___
d) Greater understanding of gifted children ___
e) Encouragement and support to me in dealing with special cases ___

11. In what ways would you see consultation with the psychologist as being of benefit to you? Rank in order of importance from 1 to 5.

a) In obtaining additional relevant information ___
b) In clarifying the problem ___
c) In obtaining interim resources and/or techniques to alleviate the special concern ___
d) In determining if a formal psychological assessment is needed ___
e) In receiving reassurance for the present approach being taken with the student ___

12. How often are you included in the post-evaluation parent conference?

a) All of the time ___ b) Most of the time ___

c) Some of the time ___ d) Seldom ___ e) Never ___

13. Do you think that your participation in a post-evaluation parent conference is part of your professional duties?

Yes ___ No ___

14. In your opinion, does the psychological report meet your needs?

a) 90 to 100% of the time ___
b) 80 to 89% of the time ___
c) 70 to 79% of the time ___
d) 60 to 69% of the time ___
e) 50 to 59% of the time ___
f) Less than 50% of the time ___

15. Check off any of the following that you would like to see emphasized in the psychological report.

a) Detailed descriptions of the child's intellectual strengths and weaknesses ___
b) General descriptions of the child's intellectual strengths and weaknesses ___
c) Detailed descriptions of the child's emotional strengths and weaknesses ___
d) General descriptions of the child's emotional strengths and weaknesses ___
e) Explanations of a child's learning problems ___
f) Specific descriptions of programs for remediation and individual learning plans ___
g) General descriptions of programs for remediation and individual learning plans ___
h) List of additional resources that are specific to a child's emotional and/or educational needs ___

16. Have you ever requested assistance on the implementation of specific psychological recommendations?

a) All of the time ___ b) Most of the time ___

c) Some of the time ___ d) Seldom ___

17. When programming for a referred child, how often do you utilize the information in the psychological report?

a) All of the time ___ b) Most of the time ___

c) Some of the time ___ d) Seldom ___

18. What areas do you perceive a need for inservicing by the school psychologist? Please priorize from 1 to 5.

a) Learning problems (disabilities) ___
b) Emotional problems ___
c) Behavior problems ___
d) Giftedness and enrichment ___
e) Motivation ___

19. In order to best meet student needs and to assist with your instructional responsibilities, would you recommend that the school psychologist's role: (Priorize the top 3)

a) Remain unchanged. ___
b) Provide for more consultation and less formal testing ___
c) Provide for more team planning and consistent follow-up of individual recommendations for remediation ___
d) Provide for more group inservices that address common learning and emotional problems ___
e) Provide for more counselling (therapeutic work) with both individual and groups of students ___

20. Please add any comments that could be used to improve the psychological services within the district.

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Thank you very much for your time and personal input in filling out this questionnaire. Your response is most appreciated.

APPENDIX B

COMMENTS ABOUT THE SERVICES OF SCHOOL PSYCHOLOGISTS

A. Early Childhood Teachers

The psychologist should come out for an observation session prior to the testing, and on a day separate from the testing.

A five to ten minute brief observation is not sufficient.

Psychological services are very important. I think that the services are spread too thin.

B. Primary Teachers (Grades 1 to 3)

Psychologists should be more prompt on follow-up.

Conferences with parents should be face-to-face.

Teachers need more practical classroom solutions.

The biggest problem is being able to talk to the consultant. We must know when he is coming so we can arrange to talk to him.

It would be nice to have time to consult after our case has been reviewed.

So that there is consistency in what is said, the psychologist and teacher should have a conference before information is presented to the parents.

Ask for more learning centres. Psychologists are heard.

I am pleased with the help I received when I asked for it.

I would like to see the school psychologist given more time to have regular weekly counselling with the children who have emotional or behavioral problems.

Our school psychologists are excellent. We should have two to three times as many if we are asking for more counselling, inservices, follow-ups, and consultation.

Testing should indicate more clearly if a child is learning disabled. If the child is learning disabled, more specific recommendations should be given as to how both parents and teachers can help the child.

More counsellors are needed.

The team from student services is very helpful and flexible. More spaces in resource rooms and learning centres are needed. Inservices in the area of a) child development, b) special educational programming, c) learning disabilities, and d) understanding gifted children would be of excellent benefit to teachers.

C. Elementary Teachers (Grades 4 to 6)

Time and availability of resource people is most important

I am looking for prescriptions not descriptions--a cure, not another photograph.

Psychologists need to be resource and support people for teachers who deal with concerns on an ongoing and immediate basis.

It would be marvelous to provide for a productive consulting time that is not rushed.

The system as is works fairly well, but there is often a long waiting time between referral and actual visit.

I would like definite plans of action to be used with students, with the implementation being followed up by the psychologist.

I have found psychological assessments to be of value and generally the response time has been good. However, regarding recommendations, I feel that more direction should be given as to how something could be done within the framework of a regular class.

The psychologist should provide support services as the classroom teacher indicates need. His role should be one of supplying the teacher with information that will enable the teacher to do the job himself.

Referrals have been attended to promptly. Perhaps more general and current information on behaviors and emotional problems of children could be made available generally, to teachers, in order to understand today's students.

We, as teachers, would like materials that we can use to help the youngster overcome the problem. Further suggestions as to how to help the student, and then a series of tests to see if we succeeded in any way.

The main problem is that psychologists spend most of their time testing, but very little time recommending practical methods of helping the individual.

I would like a shorter waiting period after a referral is made. More practical follow-up suggestions for the classroom teachers.

Conferences and follow-up conferences which include teachers and parents are needed.

D. Principals

Hire more psychologists and reading specialists to cut down on the work load, and make these individuals more accessible.

The psychological reports need to be more detailed--more learning disability and gifted specific, with a detailed action plan worked out for each recommendation.

Follow-up is lacking and it is critical. It says to the educator "I've given you my recommendations and I'll be back to see how these suggestions are working". Accountability is now in place.

We need more counsellors especially in our junior high schools.

I have been pleased with the service the way it is. It has been effective and efficient.

For each assessment I would like to be given one specific follow-up exercise that could be used with the child. It should be so structured that results could be measured effectively.

Services have been excellent; however, we could be more effective by focusing more on what to do with the results of the assessment.

The role of the psychologist can change only if more psychologists are available. Otherwise if a child's ability is in doubt, and the teacher is uncertain of placement, an individual intelligence test must be given.

In the case of behavioral problems, classroom observations followed up with specific programs or, at least support help for the classroom teacher.

I would like a definite time for teacher and administrator consultation after the assessment results have been given to the school.

There is a need to provide and counsel for practical ways of overcoming problems.

Roles must be changed. Testing for testing's sake is not sufficient. Telephone calls are not sufficient, especially when reporting to parents.

E. Vice-Principals

Services are adequate in terms of clarifying a problem. The greatest unfulfilled need is to meet the needs of the students. Educators, on the whole, do not have the educational or emotional resources to deal with many of the problems.

More area psychologists would probably help.

Psychologists are helpful but not practical enough to solve a specific problem.

There are suggestions made but often we can't act on them because of lack of space in a particular classroom.

All of the psychologists have been supportive and respond to referrals quite quickly.

There is a need to have more psychological assistance in the elementary schools.

The time required for the full process is too long. (detection-evaluation-implementation)

Our psychologists are doing a great job when we take into consideration their case load.

F. Resource Room and Special Education Teachers

There should be greater accessibility for consultation rather than student assessment.

The school psychologist has been helpful in obtaining special placement for children with learning disabilities.

There is a need for more specific description of programs for remediation and individual learning plans.

The number of students needing assessment is increasing therefore more psychologists are needed.

I feel that our psychologist is doing a marvelous job. But how can she deal effectively with 16 schools? Follow-up is virtually impossible with this case load.

There is a need to hire people to do the testing and thus free our psychologists to be of greater assistance to special education teachers in planning programs to assist children. I feel that our psychologists have a great deal of expertise which is not being utilized because most of their time is spent testing.

Sometimes I feel that the psychologists are there for everyone else except special education teachers. I have been told that we know more about the students, therefore the help they give is limited.

Reports that would suggest programs would be most helpful.

Included in psychological results should be information about each child's best learning strategy.

G. Elementary School Counsellors

I am pleased with the skills and the expertise of persons selected for these positions.

With the work load and demands the psychologist's role can not change.

The greatest handicap at present is the lack of time available to the psychologists.
Their work loads restrict them to short visits and WISC Tests.
They could use their skills better interacting with parents and teachers.

I think this area of education should have high priority time-wise and money-wise, in that it leads to better results, including academic.

Some of the reports could have more detailed and extensive information.

The area specialists should address the staffs within their areas by providing information about what expertise is available to the teachers, students, and parents.

The consultation approach you allude to in this questionnaire has much potential because it acquaints the tester with the student's general life situation.

There are far too few psychologists in our school system so that they are not able to provide recommendations and follow-up. The reports are too brief because of their limited time.